

# Immune Tolerance II

How the immune system  
distinguishes self from non-self

TregsTregsTregs

# Lernziele

- Sie können die Entstehung von regulatorischen T /Treg) Zellen im Thymus beschreiben
- Sie kennen die wichtigsten Merkmale und transkriptionsfaktoren in Treg Zellen
- Sie können Beispiele nennen, wie Treg Zellen Immunantworten supprimieren
- Sie darlegen, wie eine Erkrankung wie die Multiple Skelrose entstehen kann.

# Tolerance Mechanisms

| Layers of self-tolerance |   |  |
|--------------------------|---|--|
| Type of tolerance        | Mechanism   | Site of action   |
| Central tolerance        | Deletion<br>Editing   | Thymus<br>Bone marrow                                  |
| Antigen segregation      | Physical barrier to<br>self-antigen access<br>to lymphoid system                          | Peripheral organs<br>(e.g. thyroid, pancreas)          |
| Peripheral anergy        | Cellular inactivation by<br>weak signaling without<br>co-stimulus                         | Secondary lymphoid tissue                              |
| Regulatory cells         | Suppression by cytokines,<br>intercellular signals  | Secondary lymphoid tissue<br>and sites of inflammation |
| Cytokine deviation       | Differentiation to T <sub>H</sub> 2 cells,<br>limiting inflammatory<br>cytokine secretion | Secondary lymphoid tissue<br>and sites of inflammation |
| Clonal deletion          | Apoptosis post-activation   | Secondary lymphoid tissue<br>and sites of inflammation |

Figure 14-2 Immunobiology, 7ed. (© Garland Science 2008)

# Regulatory T cells (Tregs)

# Prüfung

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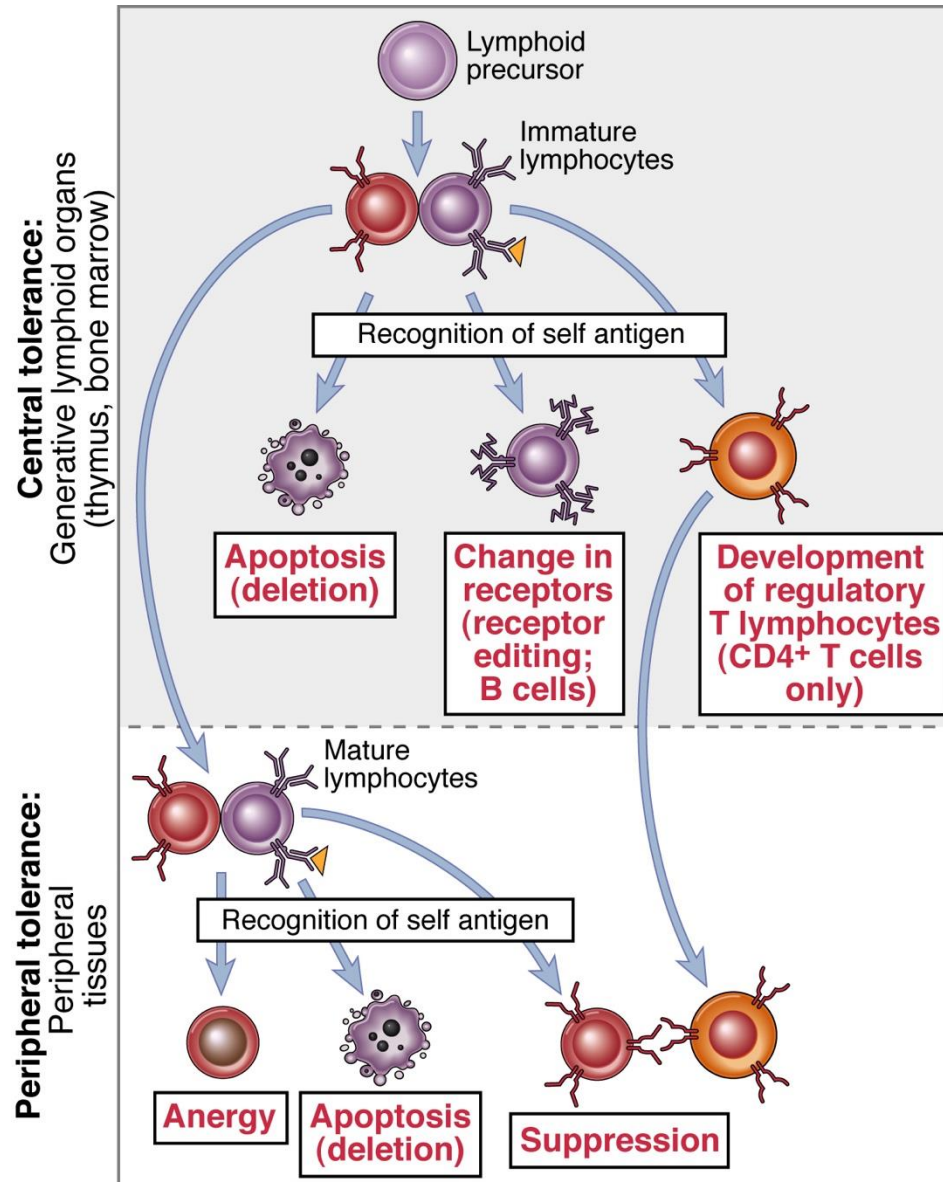
The main mechanism of peripheral tolerance: Tregs

Tregs suppress autoimmune responses

These (as well as all other T cells) arise in the thymus

So, again in the thymus (sorry!)

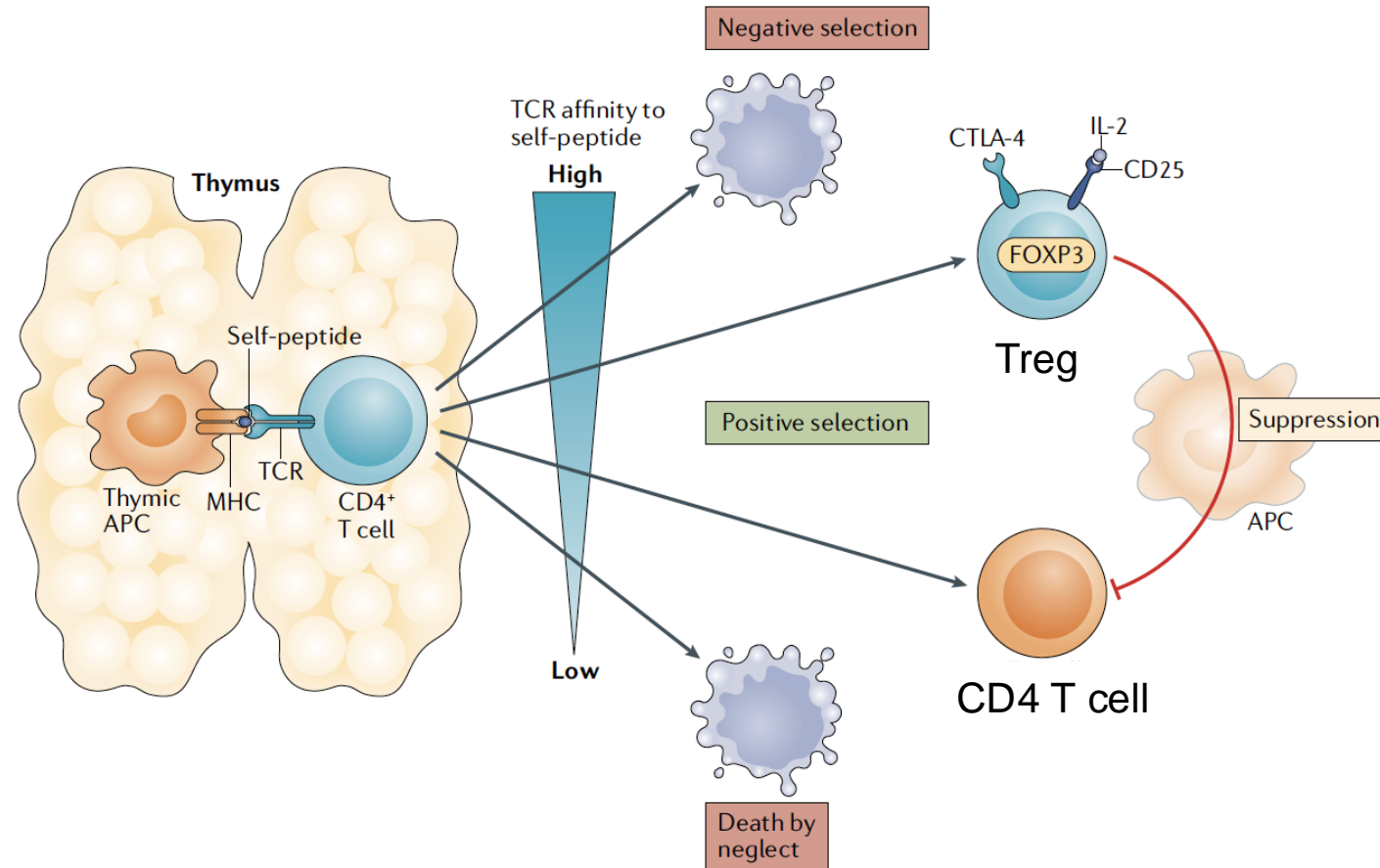
# Central and Peripheral Tolerance



The principal fate of T cells that recognize self antigens is death (deletion), BUT:

Some CD4 T cells may differentiate into regulatory (suppressive) T lymphocytes

# Development of Regulatory T cells



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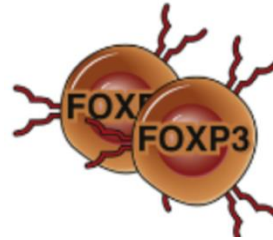
# Foxp3 – The Transcription Factor for Tregs

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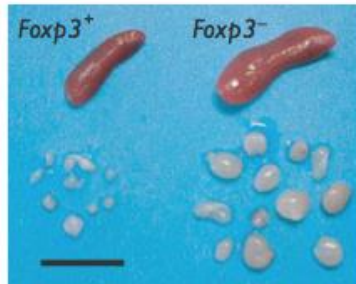
Definition of regulatory T cells:

CD4<sup>+</sup>CD25<sup>+</sup>**Foxp3<sup>+</sup>**



Ultra Pazifist des  
Immunsystems

*Foxp3*<sup>-/-</sup> mice: loss of Tregs

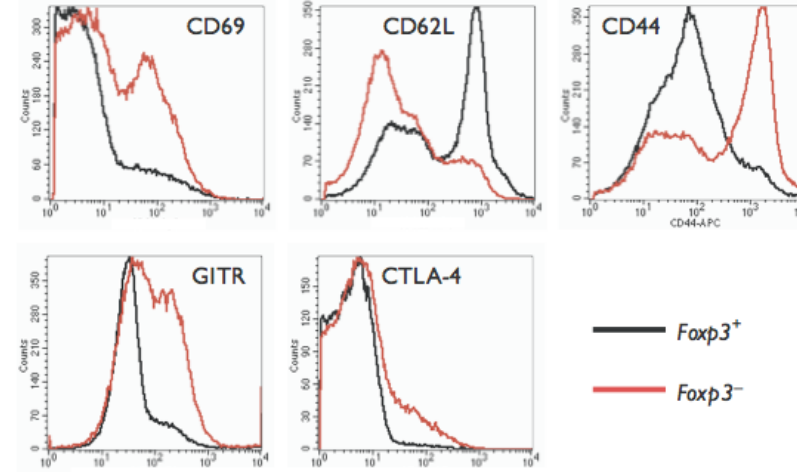


Splenomegaly  
Lymphadenopathy

Severe  
inflammation

Fontenot, Rudensky, 2003

FACS analysis of CD4<sup>+</sup> T cells



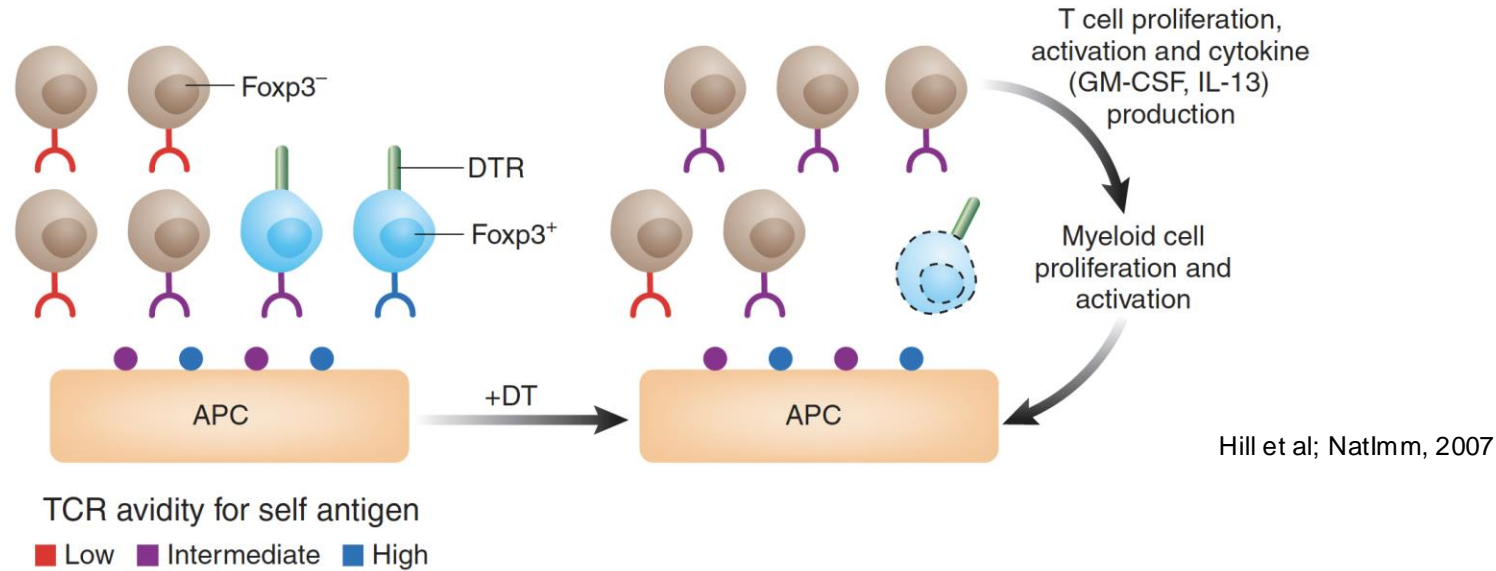
CD4<sup>+</sup> T cells display an activated  
phenotype in *Foxp3*<sup>-/-</sup> mice compared to  
WT control mice

Lethal lymphoproliferative autoimmune  
disease

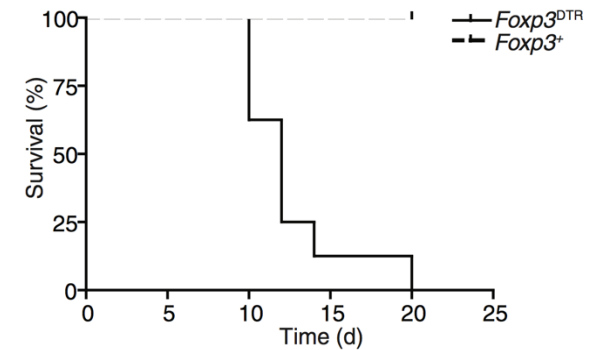
In humans: Mutations in *FOXP3* lead to Treg deficiency  
and multiorgan lymphocyte infiltrates, IPEX syndrome



# Regulatory T cells maintain Self-Tolerance throughout Life



- Injection of DT results in depletion of Tregs in  $\text{Foxp3}^{\text{DTR}}$  mice.
- This leads to the activation of  $\text{CD4}^+$  T cells and severe systemic autoimmunity.

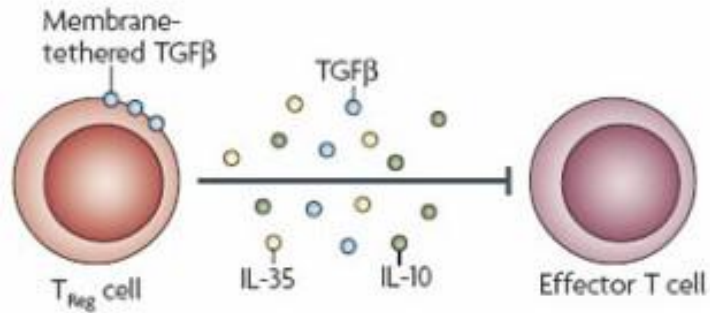


Kim et al; Natlmm, 2007

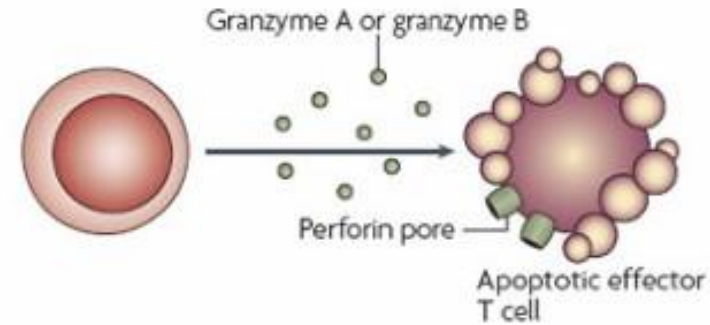
# Wirkmechanismen regulatorischer T Zellen

Immunsupprimierende  
Wirkung

a Inhibitory cytokines

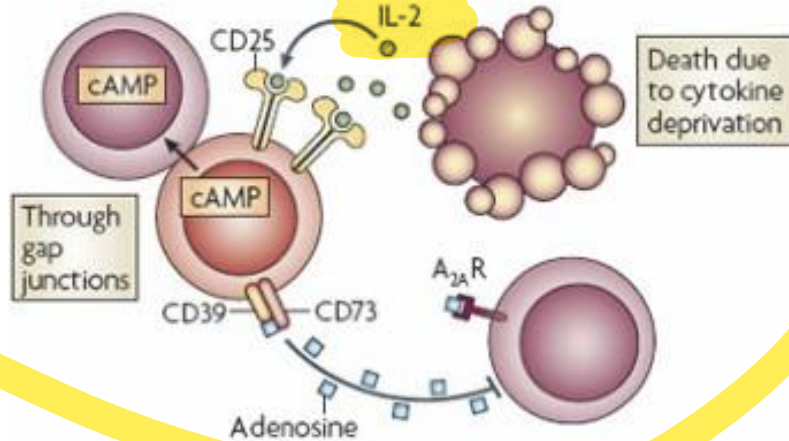


b Cytolysis



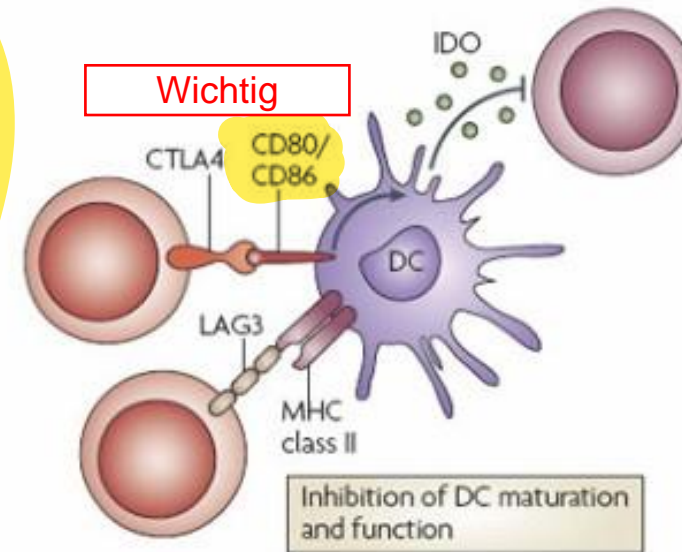
c Metabolic disruption

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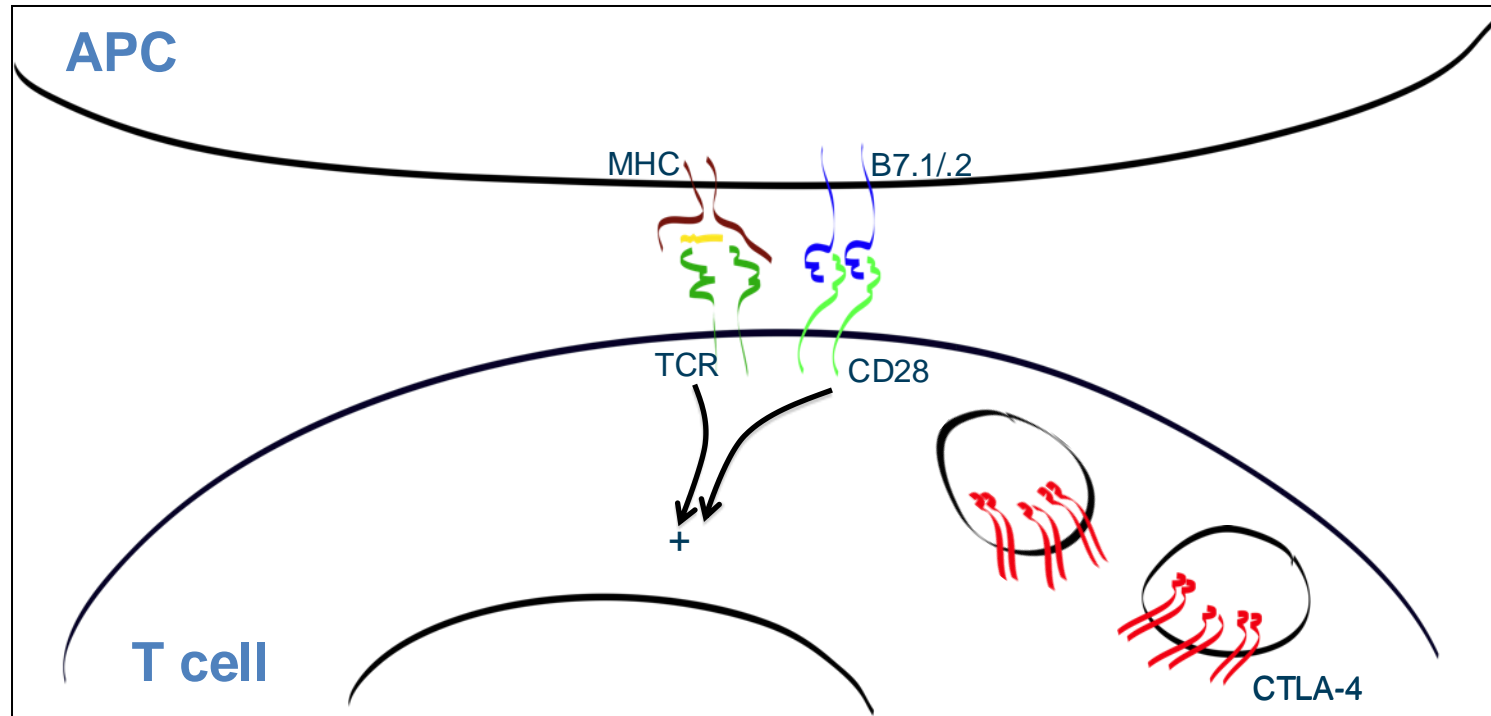
d Targeting dendritic cells

Wichtig



Nature Reviews | Immunology

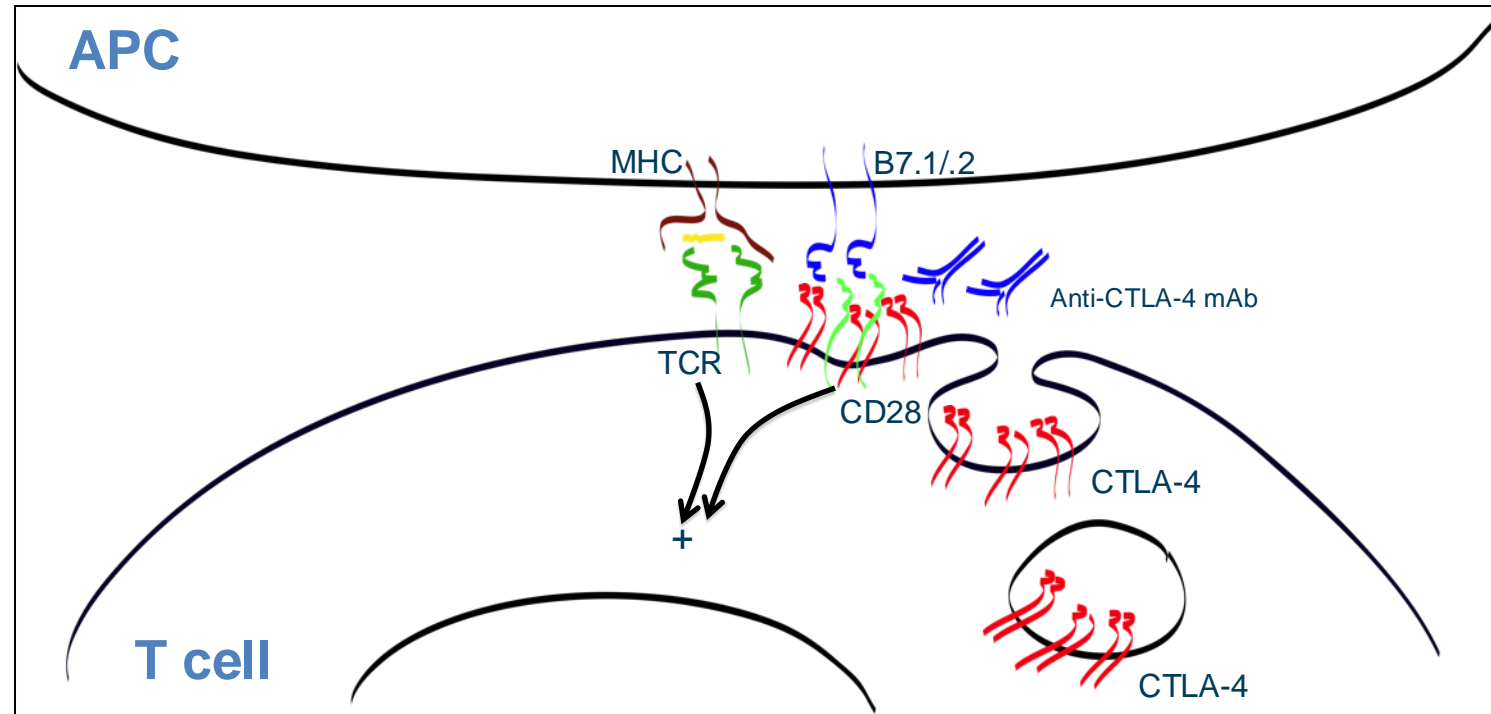
# Restricting Immunity Through CTLA-4<sup>1</sup>



MHC, major histocompatibility complex; TCR, T-cell receptor.

1. Quezada SA, et al. *Br J Cancer*. 2013;108:1560-1565.

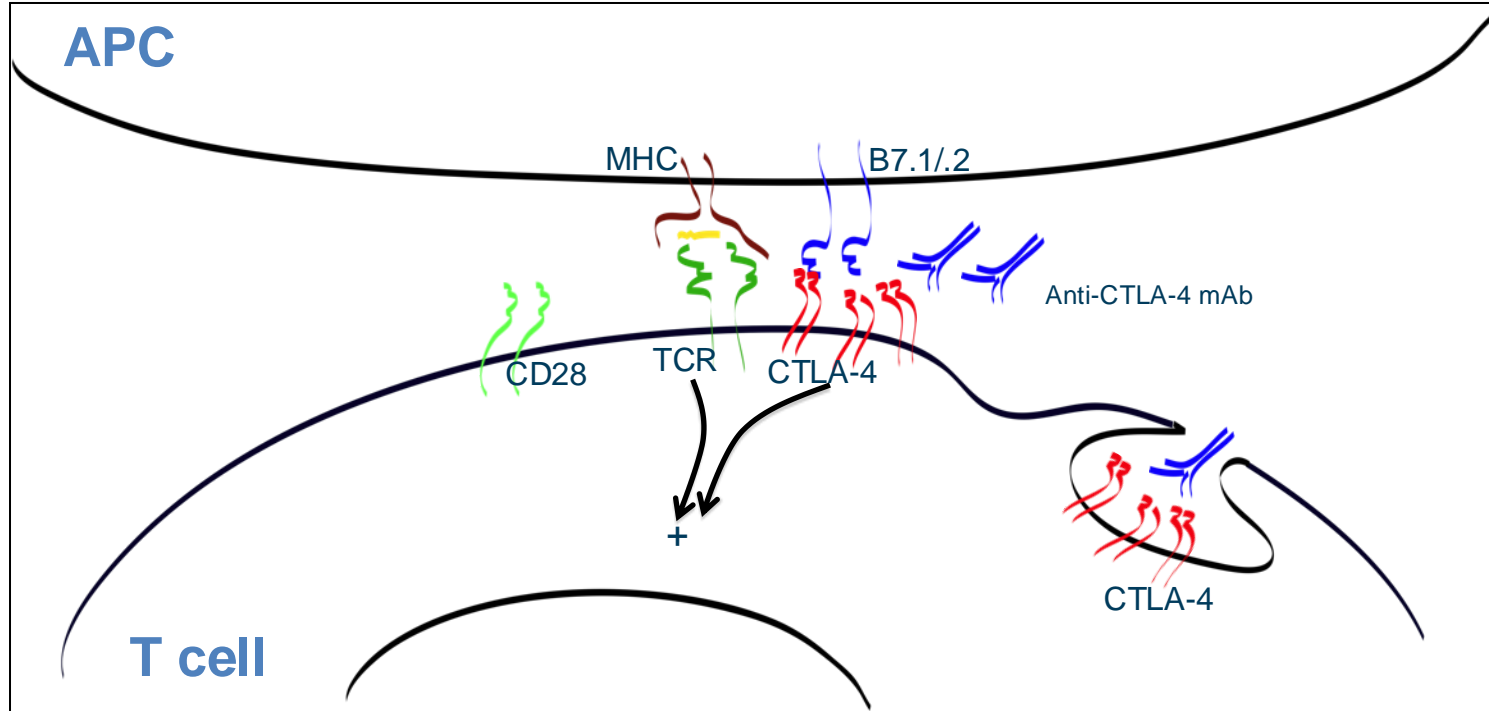
# Restricting Immunity Through CTLA-4<sup>1</sup>



mAB, monoclonal antibody.

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# Restricting Immunity Through CTLA-4<sup>1</sup>



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So what now?

Why does immune tolerance fail  
in some people?  
→ AUTOIMMUNITY

## 1900: Horror autotoxicus



*Julius Morgenroth (1871-1924)*

*Paul Ehrlich (1854-1915)*

*1908 Nobel Prize in Medicine*



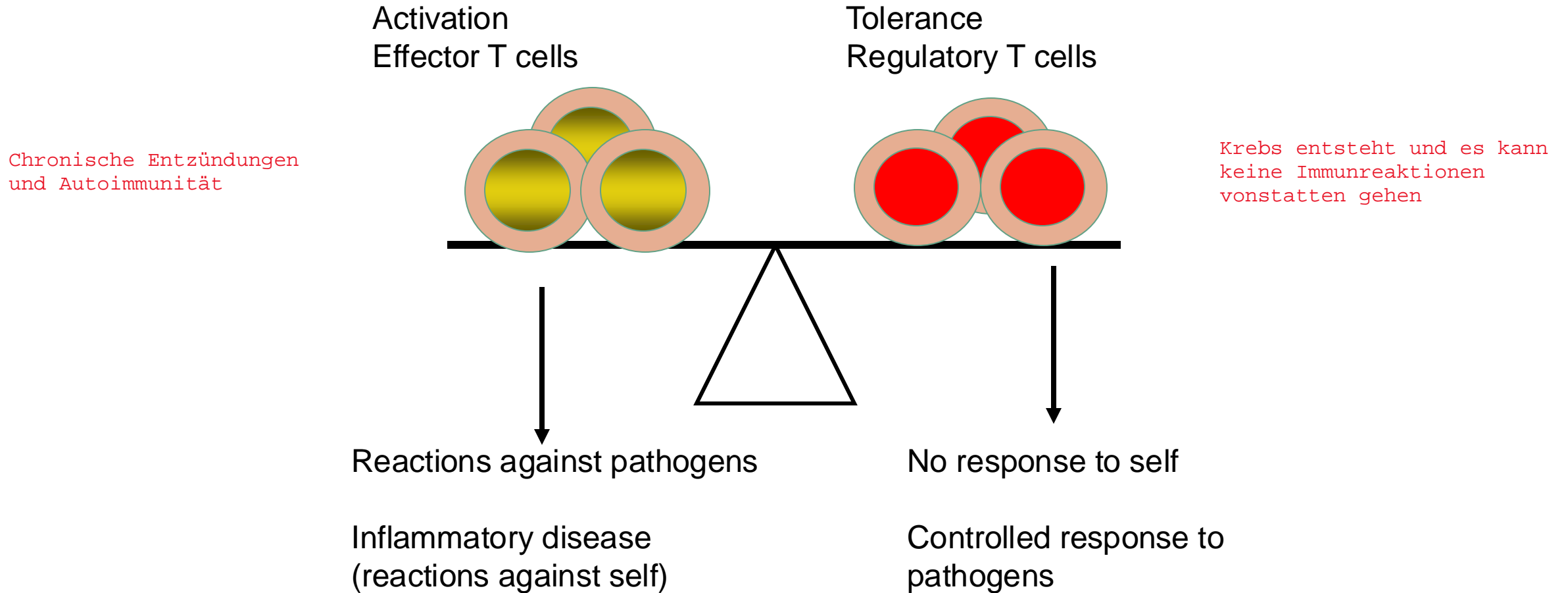
# Autoimmunerkrankungen

| Disease   | Disease mechanism  | Consequence   |
|---|--|---|
| Graves' disease   | Autoantibodies against the thyroid-stimulating-hormone receptor  | Hyperthyroidism: overproduction of thyroid hormones   |
| Rheumatoid arthritis  | Autoreactive T cells against antigens of joint synovium  | Joint inflammation and destruction causing arthritis  |
| Hashimoto's thyroiditis                                     | Autoantibodies and autoreactive T cells against thyroid antigens   | Destruction of thyroid tissue leading to hypothyroidism: underproduction of thyroid hormones  |
| Type 1 diabetes (insulin-dependent diabetes mellitus, IDDM) | Autoreactive T cells against pancreatic islet cell antigens  | Destruction of pancreatic islet $\beta$ cells leading to non-production of insulin  |
| Multiple sclerosis  | Autoreactive T cells against brain antigens  | Formation of sclerotic plaques in brain with destruction of myelin sheaths surrounding nerve cell axons, leading to muscle weakness, ataxia, and other symptoms |
| Systemic lupus erythematosus                                | Autoantibodies and autoreactive T cells against DNA, chromatin proteins, and ubiquitous ribonucleoprotein antigens | Glomerulonephritis, vasculitis, rash  |
| Sjögren's syndrome  | Autoantibodies and autoreactive T cells against ribonucleoprotein antigens   | Lymphocyte infiltration of exocrine glands, leading to dry eyes and/or dry mouth; other organs may be involved, leading to systemic disease                     |

Figure 14-1 Immunobiology, 7ed. (© Garland Science 2008)



# Balancing lymphocyte activation and control



## Factors that break down immune tolerance

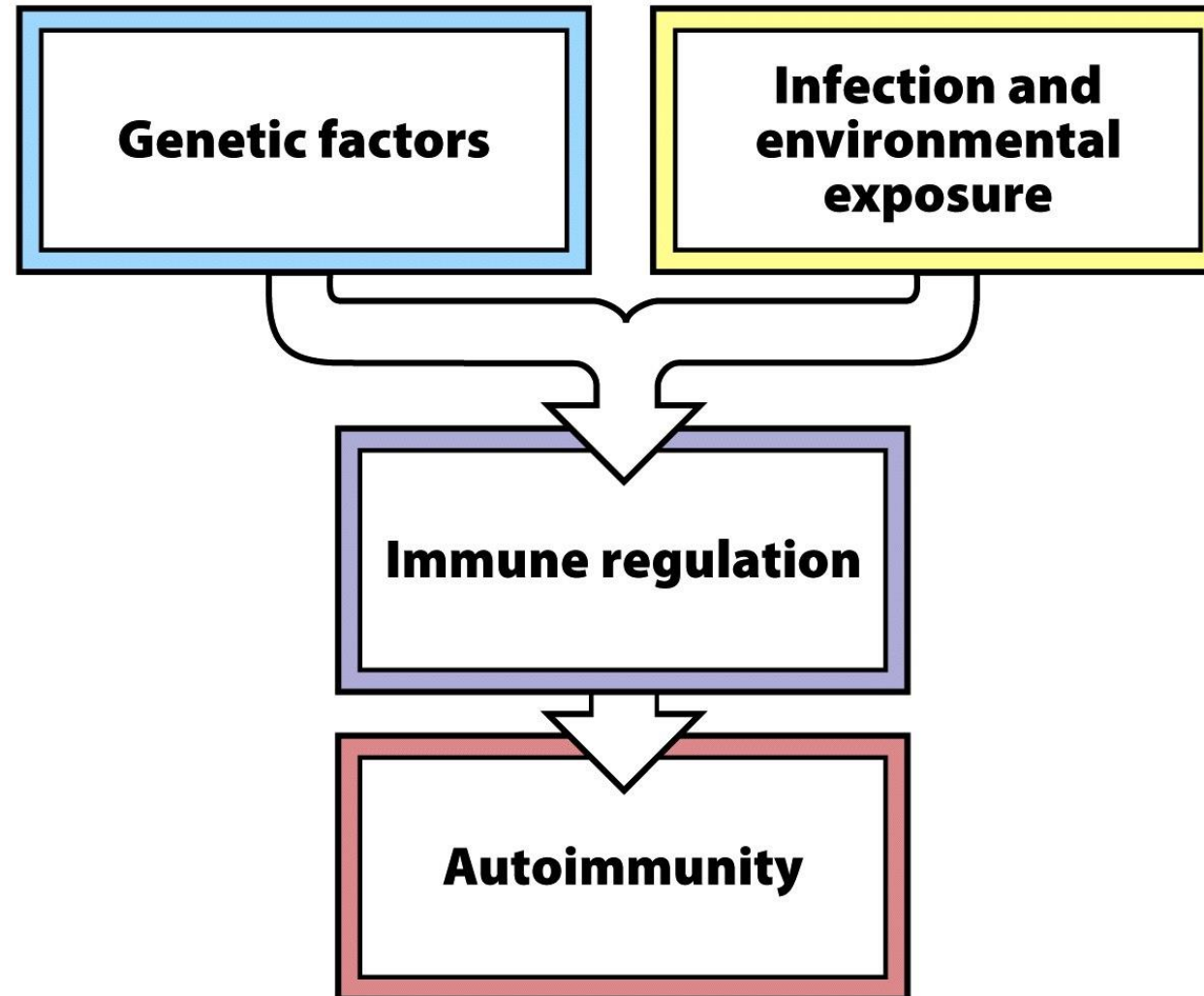


Figure 14-3 Immunobiology, 7ed. (© Garland Science 2008)

# Genetics of Autoimmunity

- Human autoimmune diseases are complex polygenic traits
  - Identified by genome-wide association mapping
  - Single gene mutations are useful for pathway analysis
- Some polymorphisms are associated with multiple diseases
  - May control general mechanisms of tolerance and immune regulation
- Other genetic associations are disease-specific
  - May influence end-organ damage

# Genetics of Autoimmunity: Recent Successes of Genomics

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## Polymorphisms associated to autoimmune disease

Wichtig

- *NOD2*: polymorphism associated with ~25% of Crohn's disease
  - Microbial sensor
- *PTPN22*: most common autoimmunity-associated gene; polymorphism in RA, SLE, others
  - Phosphatase
- *CD25 (IL-2R $\alpha$ )*: associated with MS, others; genome-wide association mapping
  - Role in Tregs and T cell activation

# Single Gene Mutations That Cause Autoimmunity

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- *AIRE*: Failure of central tolerance  
APECED, also called APS1 (Autoimmune polyendocrine syndrome)
- *CTLA4*: Polymorphisms associated with several autoimmune diseases
- *FOXP3*: Multiorgan lymphocytic infiltrates, Treg deficiency, IPEX Syndrome

# Infections and Autoimmunity

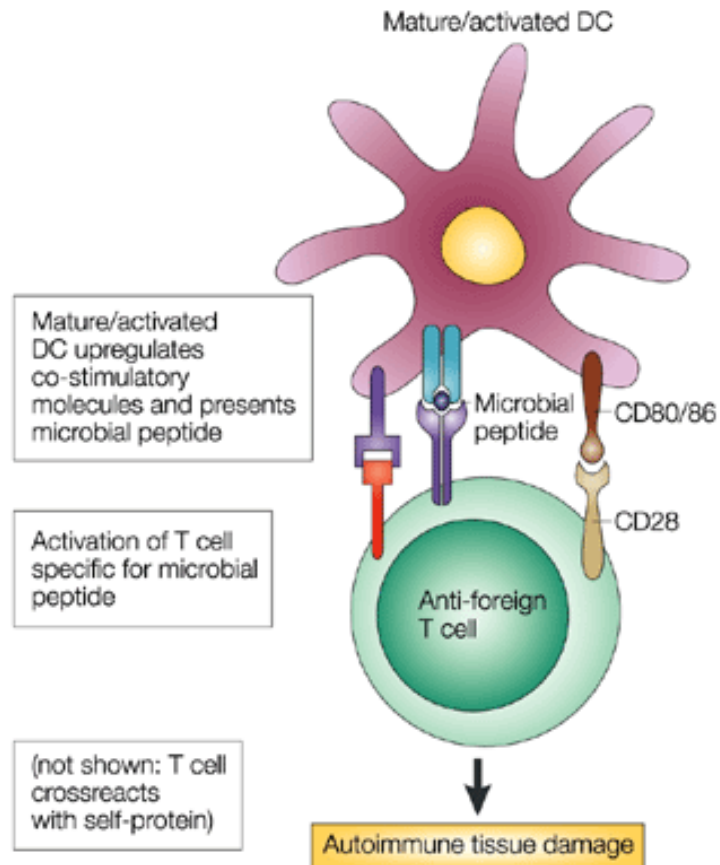
## Infections can trigger autoimmune reactions

- Clinical prodromes, animal models
- Autoimmunity develops after infection is eradicated (i.e. the autoimmune disease is precipitated by infection but is not directly caused by the infection)

How can infections lead to autoimmunity?

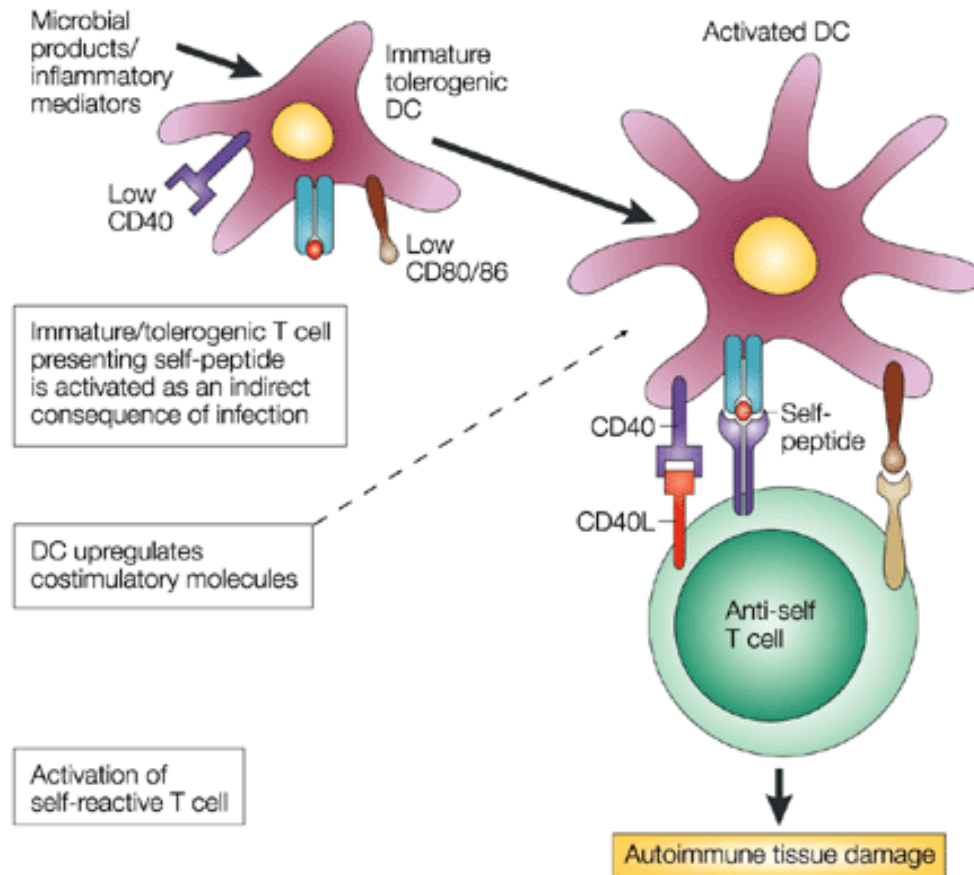
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## Molecular Mimicry

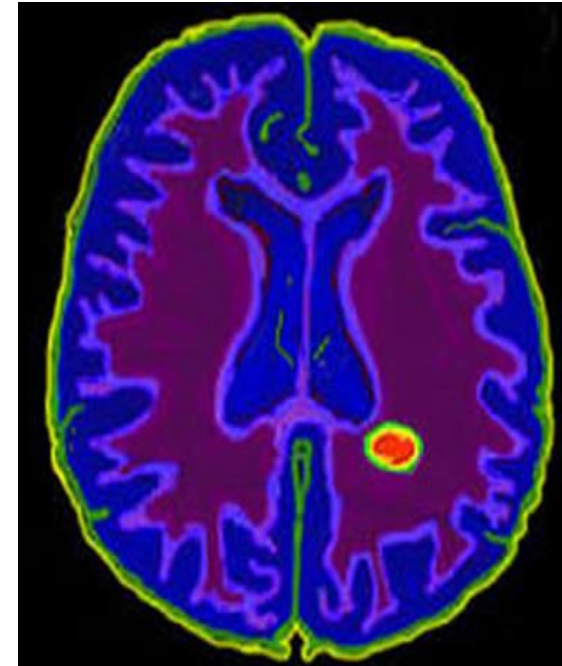


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## Bystander Activation



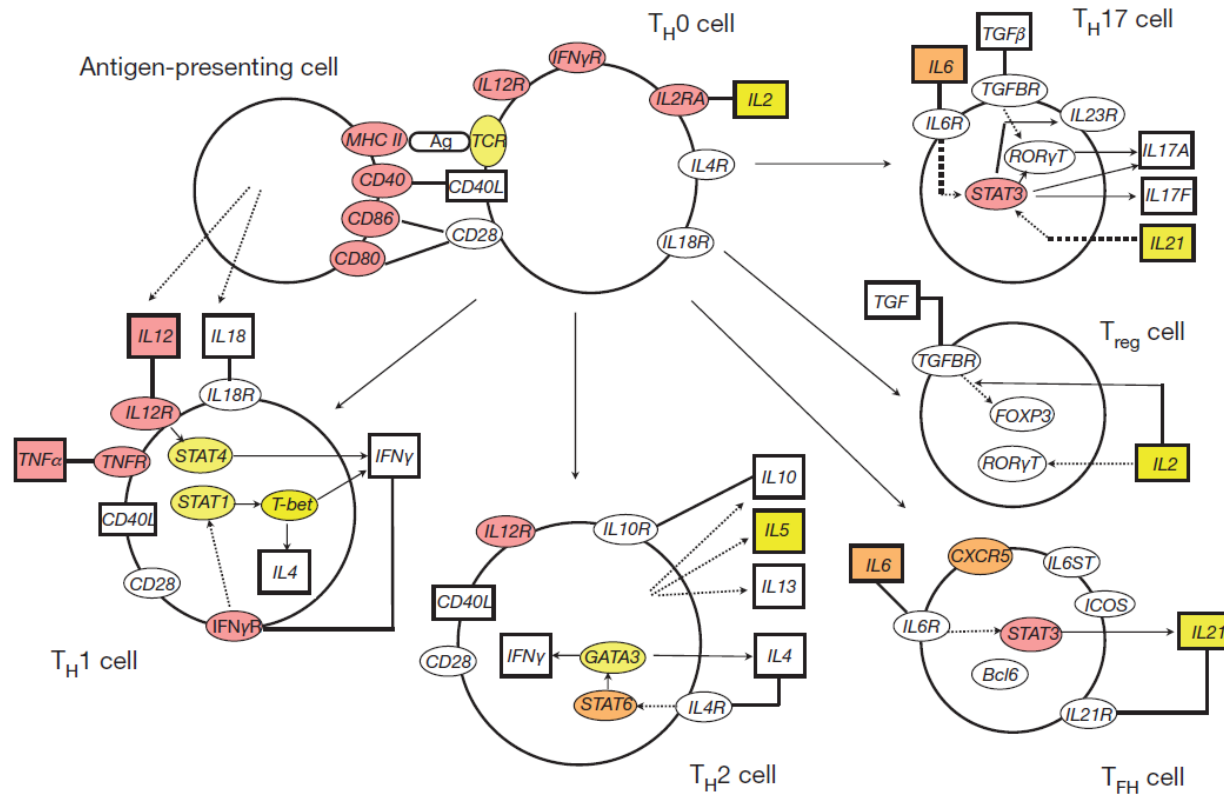
# MS – Attacke des Immunsystems auf das Zentrale Nervensystem







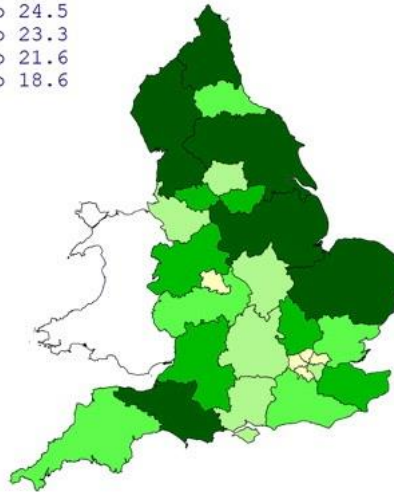
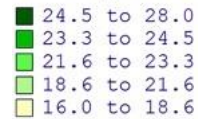
# Mehr als 230 Stellen des Genoms entscheiden über MS Risiko



# In Gebieten mit hoher MS Frequenz tritt Pfeiffersches Drüsenfieber auch gehäuft auf

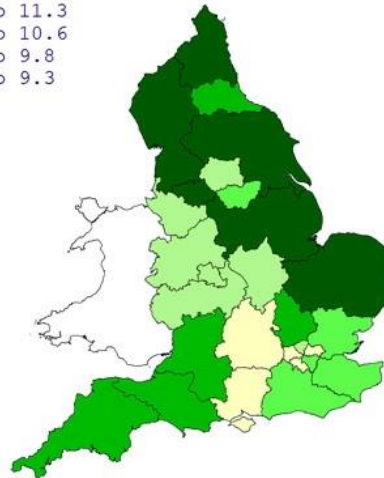
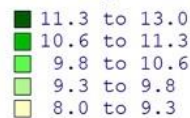
Männer

Quintile range of rates

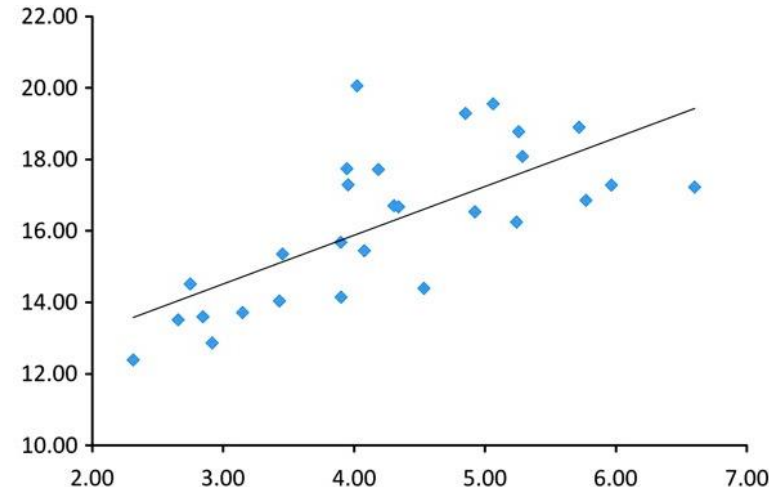


Frauen

Quintile range of rates

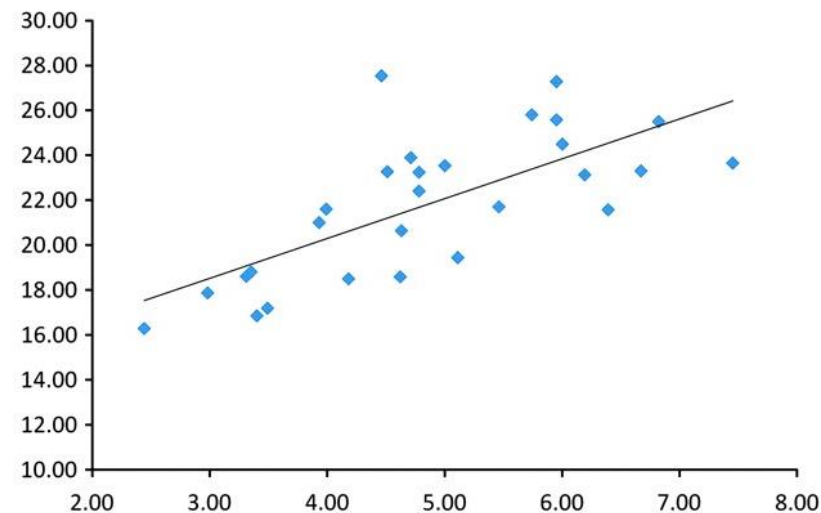


MS Einweisungen pro 100 000



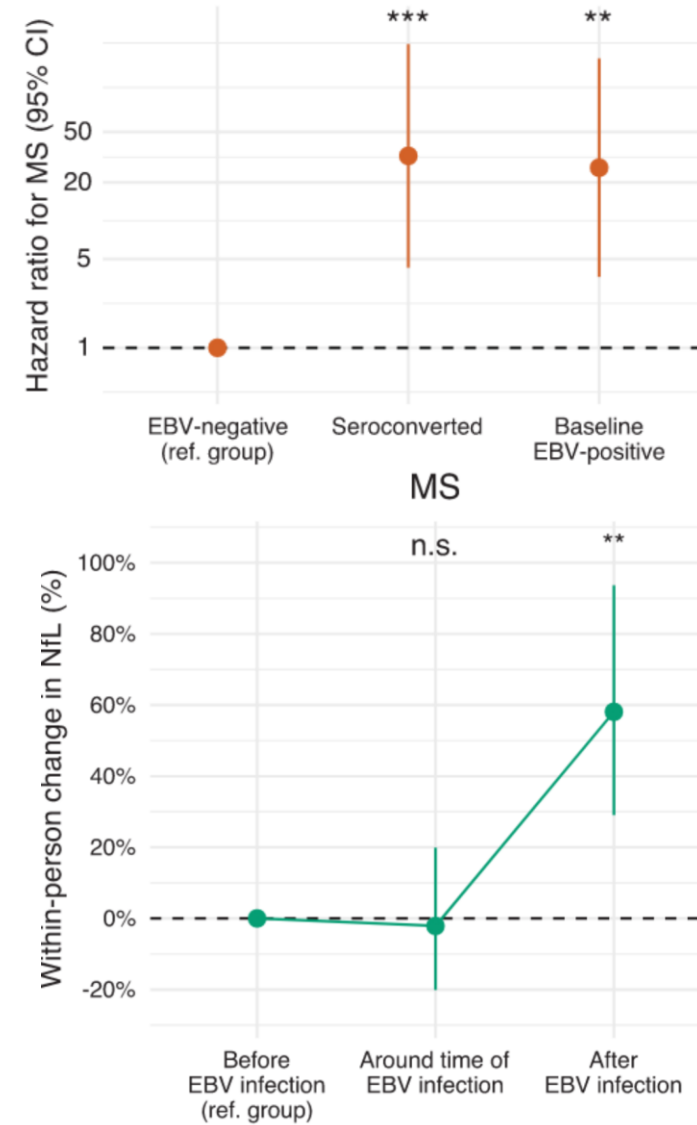
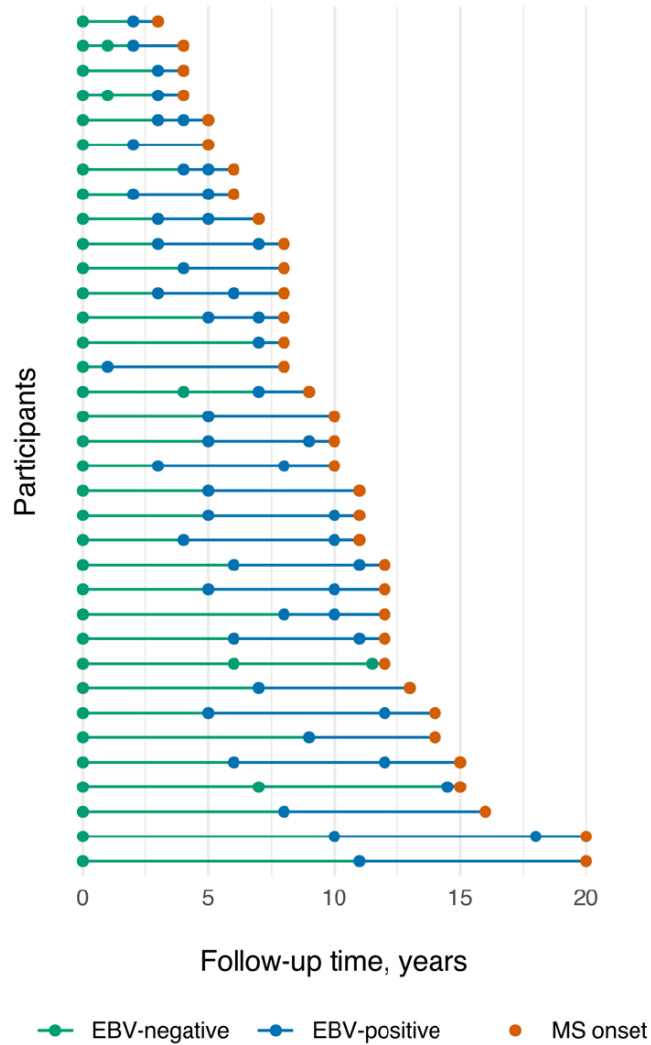
Pfeiffersches Drüsenfieber Einweisungen pro 100 000

MS Einweisungen pro 100 000



Pfeiffersches Drüsenfieber Einweisungen pro 100 000

# EBV Infektion erhöht das MS Risiko 32fach



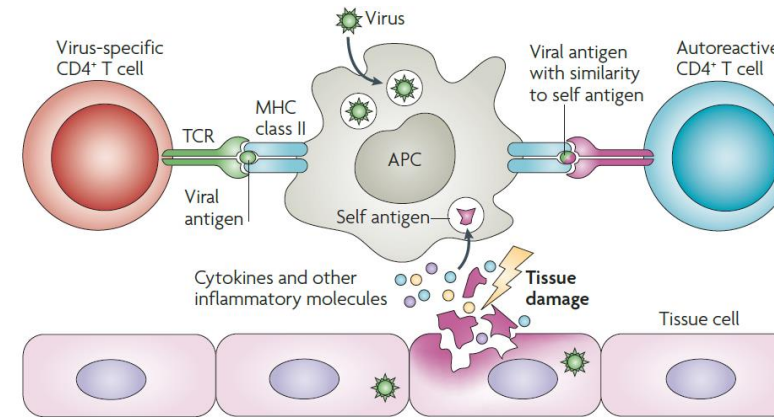
# Der Epstein Barr Virus (EBV) hat sich zum Umwelthaupttrisikofaktor bei der MS entwickelt

Table 1 | Established and possible lifestyle and environmental risk factors for MS

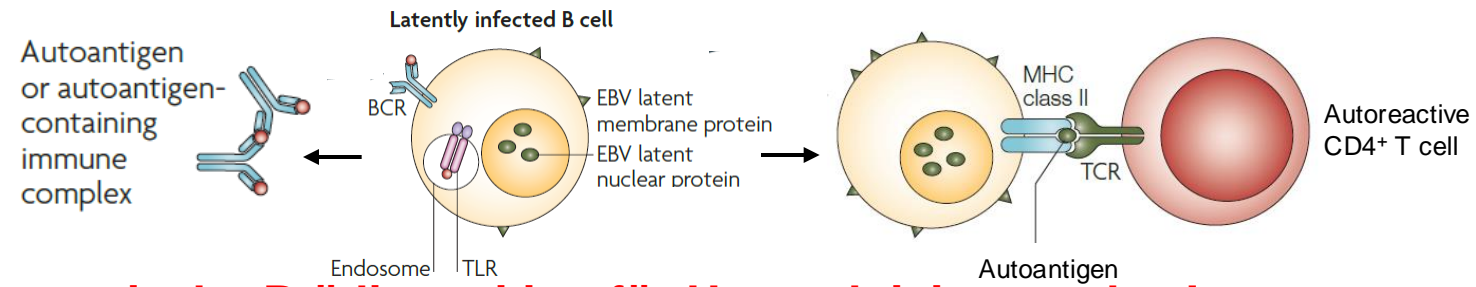
| Factor                                       | OR   | HLA gene interaction | Combined OR (nongenetic factor + HLA allele) | Effect during adolescence | Immune system implied | Level of evidence |
|--|------|----------------------|--|---------------------------|-----------------------|-------------------|
| Smoking                                      | ~1.6 | Yes                  | 14   | No                        | Yes                   | +++               |
| EBV infection (seropositivity)               | ~3.6 | Yes                  | ~15  | Yes                       | Yes                   | +++               |
| Vitamin D level <50 nM                       | ~1.4 | No                   | NA   | Probably                  | Yes                   | +++               |
| Adolescent obesity (BMI >27 at age 20 years) | ~2   | Yes                  | ~15  | Yes                       | Yes                   | +++               |
| CMV infection (seropositivity)               | 0.7  | No                   | NA   | Unknown                   | Yes                   | ++                |
| Night work                                   | ~1.7 | No                   | NA   | Yes                       | Yes                   | ++                |
| Low sun exposure                             | ~2   | No                   | NA   | Probably                  | Yes                   | ++                |
| Infectious mononucleosis                     | ~2   | Yes                  | 7  | Yes                       | Yes                   | ++                |
| Passive smoking                              | ~1.3 | Yes                  | 6  | No                        | Yes                   | +                 |
| Organic solvent exposure                     | ~1.5 | Unknown              | Unknown                                      | Unknown                   | Unknown               | +                 |
| Oral tobacco/nicotine                        | 0.5  | No                   | NA   | Unknown                   | Yes                   | +                 |
| Alcohol                                      | ~0.6 | No                   | NA   | Unknown                   | Yes                   | +                 |
| Coffee                                       | ~0.7 | No                   | NA   | Unknown                   | Yes                   | +                 |

# Mögliche Mechanismen der EBV Assoziation mit MS

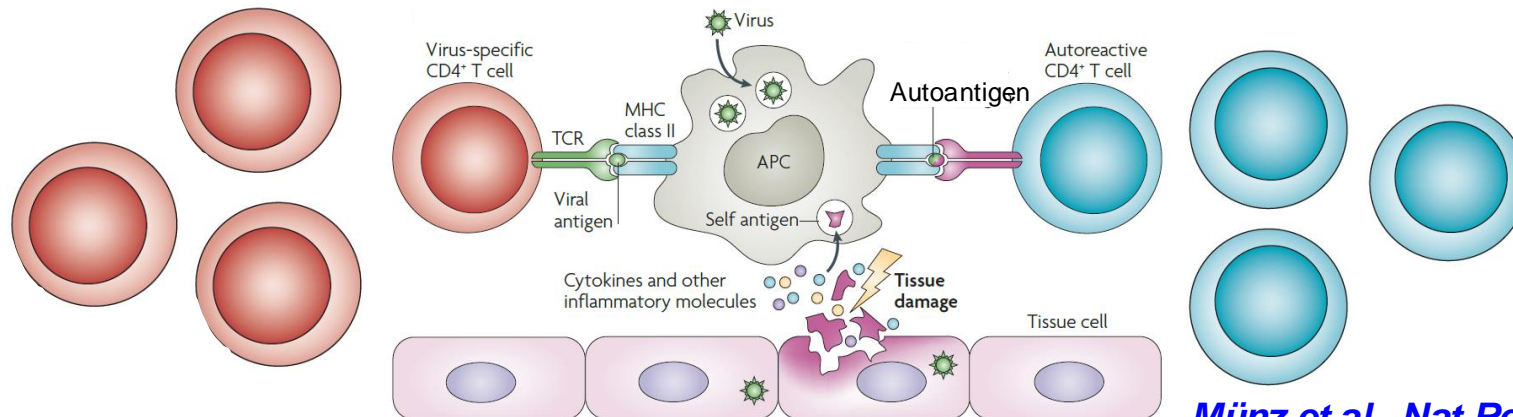
## 1. Molekulares Mimikry



## 2. EBV infizierte B Zellen als antigenpräsentierende Zellen im ZNS



## 3. Ähnliche genetische Prädisposition für Hyperaktivierung des Immunsystems während der Erstinfektion mit EBV und ZNS Autoimmunität

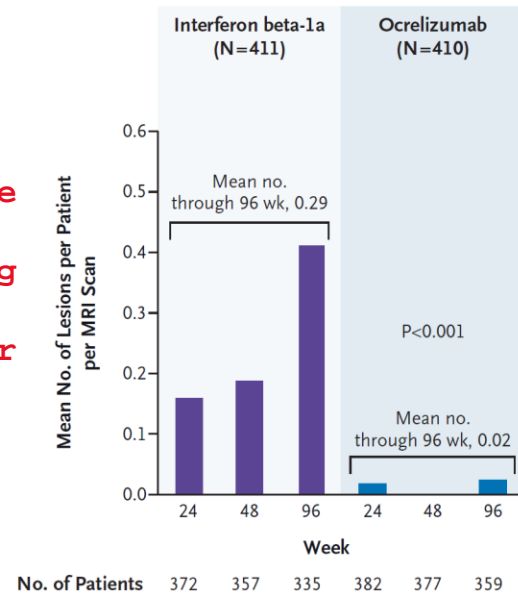


# B Zell-depletierende Therapien in MS

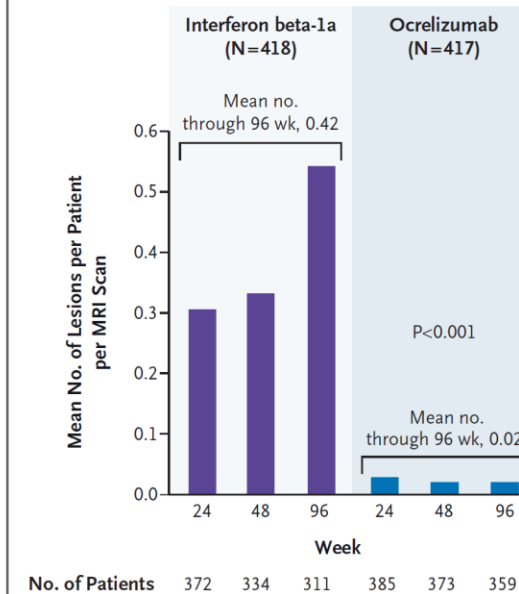
Obwohl MS eine t-Zell vermittelte Immunerkrankung ist, stoppt die Krankheit bei B-Zell-Depletierung

<-- Vielleicht, weil Epstein-Barr Virus B-Zellen angreift

A OPERA I Trial

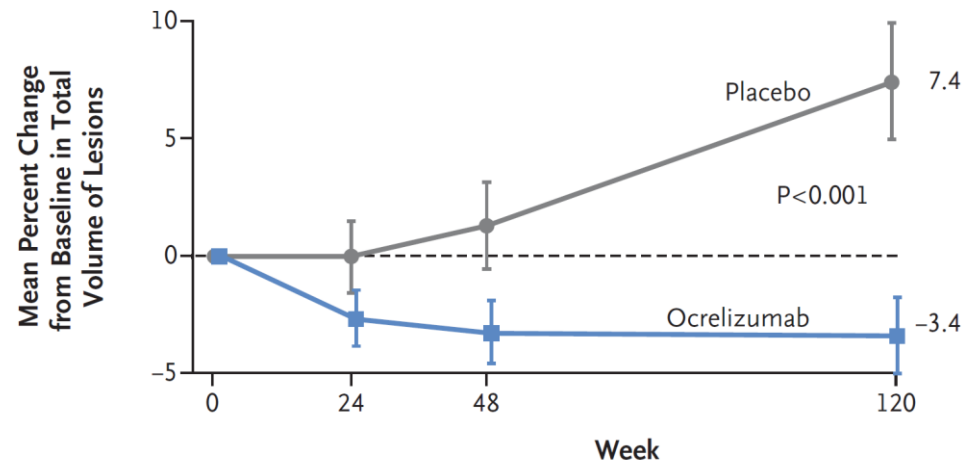


B OPERA II Trial



Total Volume of Brain Lesions on T<sub>2</sub>-Weighted MRI

Hauser et al., N Engl J Med 2017



No. at Risk

|             |     |     |     |     |
|-------------|-----|-----|-----|-----|
| Placebo     | 234 | 233 | 220 | 183 |
| Ocrelizumab | 464 | 459 | 454 | 400 |

Montalban et al., N Engl J Med 2017

Autoimmunity is primarily understood as:

- Loss of immune tolerance and
- Activation of autoaggressive T & B cell clones

Loss of tolerance due to

- Genetic predisposition and
- Infection ~~(mimicry)~~

Next lecture:

Autoimmunity or Cytokinopathy