

Impaired Function of CD4⁺CD25^{high} Regulatory T cells Isolated with Anti-CD25 Dynabeads[®] from Peripheral Blood of Patients with Multiple Sclerosis

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Introduction

Immunoregulatory T lymphocytes of the CD4⁺CD25⁺ phenotype suppress T cell function and protect rodents from organ-specific autoimmune disease^(1,2). These naturally occurring immunoregulatory T cells originate in the thymus, constitutively express CD25 and comprise 5-10% of murine and approximately 2% of human peripheral CD4⁺ T cells^(1,3). Within the human CD4⁺ subset only cells co-expressing high levels of CD25 appear to have potent regulatory function^(3,4). The precise role of this distinct T cell subset in human autoimmunity is as yet undefined. Here we isolated highly pure CD4⁺CD25^{high} regulatory T cells (T_{reg}) from peripheral blood of patients with multiple sclerosis (MS) using anti-CD25 Dynabeads[®] and assessed their suppressor function. We demonstrate that patient-derived T_{reg} are functionally impaired, as their inhibitory effect on allogeneic T cell proliferative responses is significantly reduced compared to T_{reg} from healthy individuals. In contrast, the number and cell surface phenotype of CD25^{high} cells from MS patients was not altered. Our data suggest that dysfunction of T_{reg} might be involved in the pathogenesis of MS.

Methods

Patients

The study included 17 untreated patients with clinically active, relapsing, remitting MS and a mean age of 34 years as well as 17 age-matched healthy control individuals. All patients had early stage MS with a mean disease duration of 15 months.

Cell Separation

CD4⁺ T lymphocytes were positively isolated from peripheral blood mononuclear cells (PBMCs) using anti-CD4 Dynabeads[®]. Separation of CD4⁺CD25^{high} T_{reg} and CD4⁺CD25⁻ T_{eff} from pure uncoated CD4⁺ T cells was performed with anti-CD25 Dynabeads[®]. Attached antibodies and immunomagnetic beads were removed by the use of DETACHaBEAD[®] solutions.

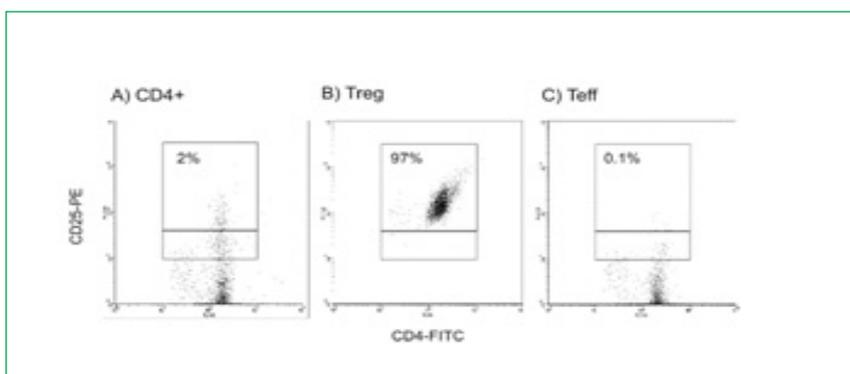
Flow Cytometry

2 x 10⁵ cells were directly stained with FITC- or PE-conjugated antibodies (CD4 clone M-T477, CD38 clone HB7, CD69 clone L78, Becton Dickinson, USA), (CD45RO clone UCHL1, CD45RA clone L48, PharMingen, USA). To determine the purity of sorted CD25^{high} cells, we employed PE-anti-CD25 (M-A251, PharMingen). Analysis was performed using a FACScan[™] flow cytometer and the CELLQuest[™] software (Becton Dickinson).

Primary Proliferation Assays

10⁵ CD4⁺CD25⁻ T_{eff} were incubated in 96 well plates in 200 µl RPMI 1640 (5% FCS, 100 U/ml penicillin, 100 µg/ml streptomycin, 2 mM L-glutamine, and 1 mM sodium pyruvate) and stimulated with 10⁵ irradiated, T cell-depleted allogeneic PBMCs alone or in co-culture with increasing concentrations of CD4⁺CD25^{high} T_{reg} for 4 days at 37°C in 5% CO₂. After 4 days of culture, 1 µCi [³H] thymidine per well was added for an additional 16 hours. Proliferation was measured with a scintillation counter.

Fig. 1: Purity of CD4⁺ T cell subsets isolated by anti-CD4 and anti-CD25 Dynabeads[®]. Total CD4⁺ T lymphocytes (A) as well as purified CD4⁺CD25^{high} T_{reg} (B) and CD4⁺CD25⁻ T_{eff} (C) were FACS-stained for CD4/CD25 co-expression.



Statistical Analysis

Statistical analysis was performed using Wilcoxon/Whitney/Mann/U-test for unrelated pairs. A p value of <0.05 was considered significant.

Results

Flow Cytometry

After positive selection with anti-CD4 Dynabeads® 1-2% of the CD4⁺ T lymphocytes from both MS patients and normal individuals belonged to the CD25^{high} T cell subset (fig. 1a). Following separation with anti-CD25 Dynabeads® 95% up to 99% of Treg expressed CD25^{high} (fig. 1b), whereas virtually no CD25 coexpressing cells remained in the T_{eff} subset (fig. 1c). CD25^{high} cells showed a memory phenotype since >93% of cells derived from both cohorts expressed CD45RO (fig. 2). Lymphocytes expressing the Treg phenotype did not harbour activated cells as expression levels of T cell activation markers CD38 and CD69 were extremely low and equivalent between groups (fig. 2).

Primary Proliferation Assays

Following allogeneic stimulation the mean proliferation of 10⁵ CD4⁺CD25⁻T_{eff} was 32 x 10³ cpm and 43 x 10³ cpm in MS patients and controls, respectively (fig. 3a). CD4⁺CD25^{high} Treg from both cohorts were anergic to allogeneic stimuli proliferated at equivalent low levels (3 x 10³ cpm). Co-culture of increasing concentrations of Treg with T_{eff} reduced the effector cell proliferation in a dose-dependent manner (data not shown). However, this suppression was significantly lower when Treg

originated from MS patients (fig. 3b). Treg reduced T_{eff} proliferation from 32 x 10³ to 22 x 10³ cpm in the MS group and from 43 x 10³ to 19 x 10³ cpm in the control group when cultured at a 1:1 ratio. Overall, Treg obtained from MS patients inhibited the proliferative response of T_{eff} by 23%, while Treg from control individuals induced 55% inhibition (p <0.001, Wilcoxon-signed rank sum test) (fig. 3b).

Conclusion

We used anti-CD4 and anti-CD25 Dynabeads® to obtain highly pure CD4⁺CD25^{high} regulatory T cells from peripheral blood specimens of MS patients and healthy controls and found a significantly reduced suppressive capacity of Treg in MS patients. The impaired inhibitory effect of Treg on the proliferation of autologous CD4⁺CD25⁻ responder T cells was detectable following allogeneic T cell stimulation. This finding was associated with an equal number of CD25^{high} T cells within the CD4⁺ T cell pool. Treg positively selected with anti-CD25 Dynabeads® did not appear to be contaminated by activated CD4⁺ T lymphocytes which transiently upregulate CD25 as the enriched CD4⁺CD25^{high} T lymphocyte subsets derived from both groups did not express relevant amounts of T cell activation markers CD38 and CD69. In addition, both subsets were anergic to allogeneic stimuli. Overall, these findings suggest that in patients with MS a functional deficiency rather than a reduced generation or survival of CD4⁺CD25^{high} regulatory T lymphocytes accounts for the impaired inhibitory properties of these cells.

References

1. Shevach EM. (2002) Nature Rev Immunol. 2:389-400
2. Kohm AP. *et al* (2002) J Immunol. 169:4712-4716
3. Baecher-Allan C. *et al* (2001) J Immunol. 167:1245-1253
4. Wing K. *et al* (2002) Immunology.106:190-199.

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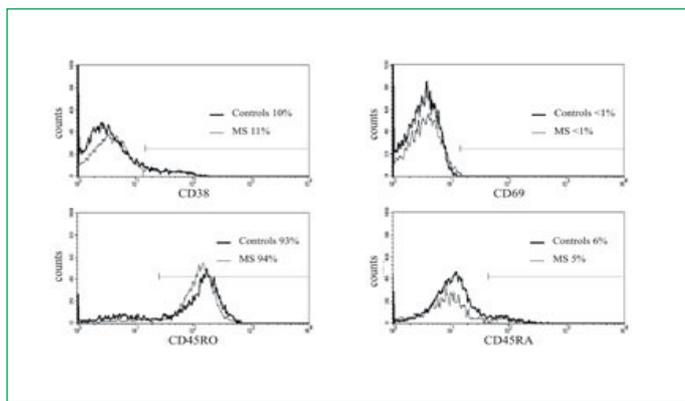


Fig. 2: Phenotypical characterisation of highly pure CD4⁺CD25^{high} regulatory T cells sorted with anti-CD25 Dynabeads®. Treg isolated from MS patients and control individuals were FACS-stained for expression of CD38, CD69, CD45RA, and CD45RO.

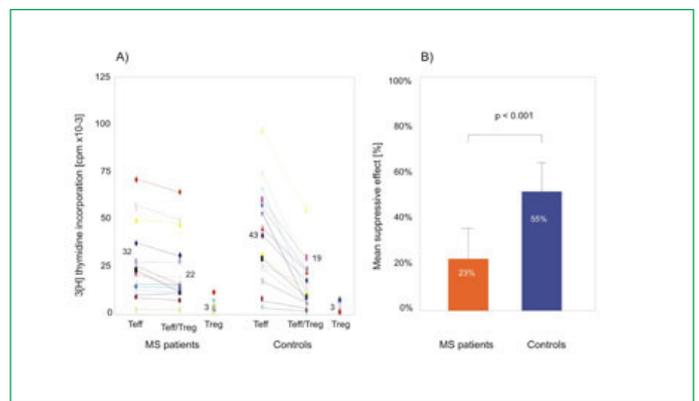


Fig. 3: (A) Allogeneic response of T lymphocytes isolated from 17 MS patients and 17 healthy controls. 10⁵ CD4⁺CD25⁻ effector T cells alone or in co-culture with 10⁵ CD4⁺CD25^{high} Treg were stimulated with 10⁵ irradiated allogeneic T cell-depleted PBMCs. (B) Mean suppressive effect of 10⁵ CD4⁺CD25^{high} T on 10⁵ allogeneic stimulated CD4⁺CD25⁻ T_{eff}.

Ordering Information

Product Name	Product No.	Product Volume
Dynal® CD4 ⁺ CD25 ⁺ Treg Kit	113.23	10 ml kit
Dynal MPC®-L sample	120.21	Holds 2-15 ml