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Effector T Cell Subsets, Cytokines

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Lecture outline

- Cytokines
- Subsets of CD4+ T cells: definitions, functions, development
- New therapeutic strategies targeting cytokines

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The life history of T lymphocytes

Precursors mature in the thymus

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Naïve CD4+ and CD8+ T cells enter the circulation

↓

Naïve T cells circulate through lymph nodes
and find antigens

↓

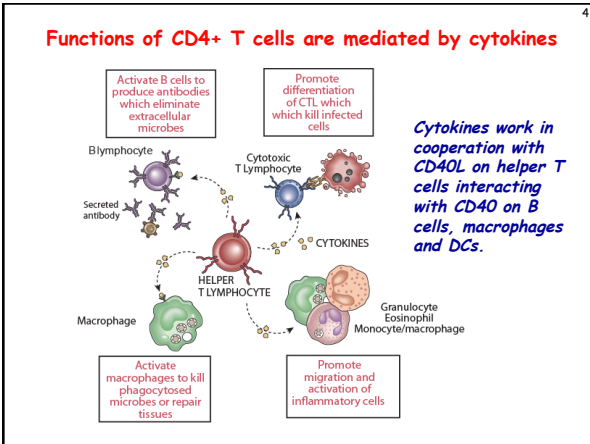
T cells are activated and develop into
effector and memory cells

↓

Effector T cells migrate to sites of infection

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Eradication of infection

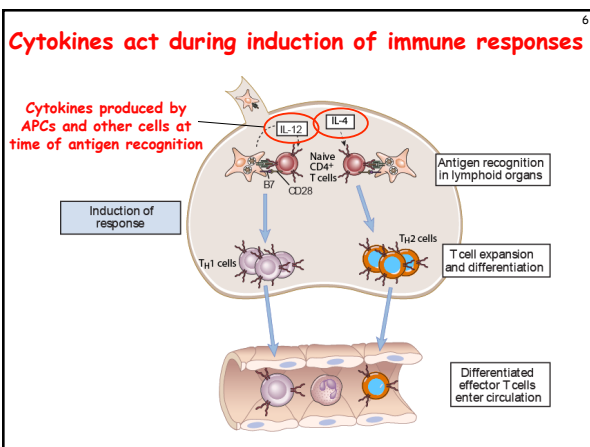


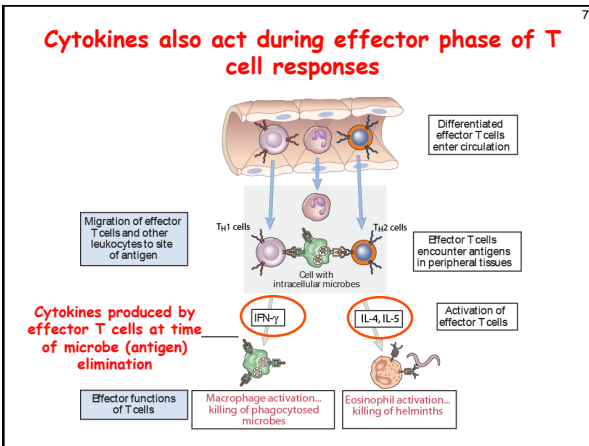
Cytokines

- Secreted proteins that mediate and regulate immunity and inflammation
 - About 180 "cytokines" in the genome, about 40 well defined so far (excluding chemokines)
- Produced by many cell types (mostly cells of the immune system), act on diverse targets (often white blood cells)
 - The "interleukin" nomenclature
- Most act near site of production; blood cytokine assays are usually not informative (except in severe infections?)

Take home messages

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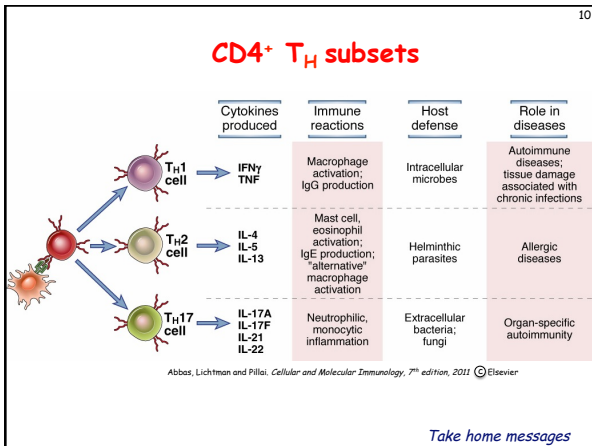


Discovery of Th1 and Th2 subsets

- Immune responses to mycobacteria and helminths are very different but CD4⁺ T cells are required for both
 - How can the "same" CD4⁺ T cells trigger such distinct reactions?
- Hypothesis: CD4⁺ T cells consist of subpopulations that mediate different responses
- Identification of mouse CD4⁺ Th1, Th2 clones that produce distinct cytokines

The discovery of the Th17 subset

- The first two subsets were identified on the basis of distinct cytokine profiles and were called type 1 and type 2 helper T cells (Th1 and Th2)
- Many inflammatory diseases (mouse models first) thought to be caused by Th1 cells were not prevented by eliminating Th1 cells or their cytokines
- Led to the discovery of the Th17 subset (annoying nomenclature!)

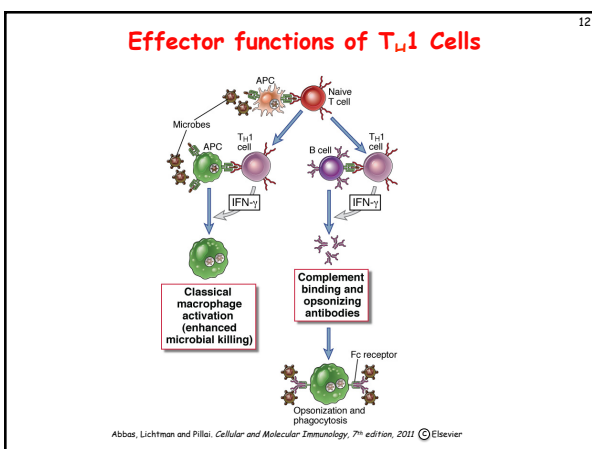


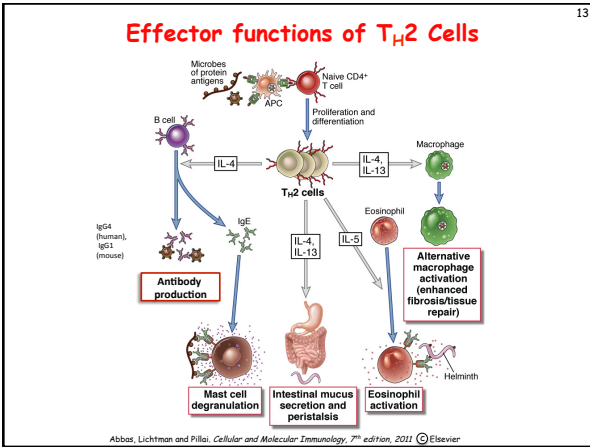
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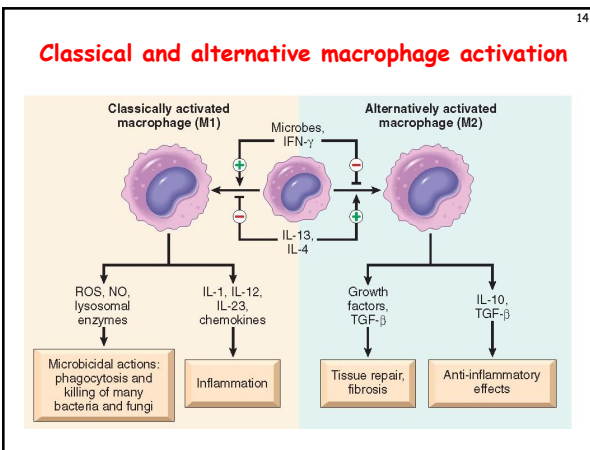
CD4⁺ T cell subsets: definitions and general properties

- Populations of CD4⁺ T cells that make restricted and non-overlapping sets of cytokines
 - Early after activation, T cells can produce multiple cytokines
 - Progressive activation leads to "polarization": production of selected cytokines
- Distinct functions, migration properties, roles in disease

Take home messages

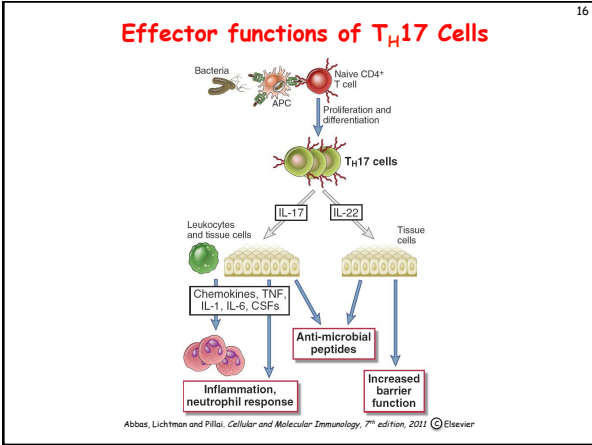






Some common misconceptions about Th1 and Th2 subsets

- **MISCONCEPTION:** Th1 = cell-mediated immunity, Th2 = humoral immunity
 - **FACT:** the production of the most useful IgG antibodies is dependent on IFN γ (best defined in mice); Th2 cells stimulate the production of very few Ig isotypes (IgE, IgG4 [IgG1 in mice])
- **MISCONCEPTION:** Th1 and Th2 subsets exist only in mice and are not found in humans
 - **FACT:** prolonged immune stimulation induces Th1 and Th2 cells even in humans (autoimmune diseases, allergies)



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Genetic proof for the importance of different T cell subsets in humans

- Mutations affecting IL-12/IFN- γ cytokines or receptors \rightarrow defective Th1 responses \rightarrow atypical mycobacterial infections
- Mutations affecting Th17 development or IL-17 \rightarrow mucocutaneous candidiasis and bacterial abscesses ("Job's syndrome")

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Roles of T cell subsets in disease

- Th1: autoimmune and inflammatory diseases (IBD?, MS?, RA?); tissue damage in infections (e.g. Tb)
 - Activation of macrophages, CTL responses; production of injurious antibodies
- Th2: allergies (e.g. asthma)
 - Stimulation of IgE responses, activation of eosinophils
- Th17: inflammatory diseases (MS, IBD, RA, psoriasis)
 - Recruitment of leukocytes (inflammation)
 - ~2/3rd IL17-producing cells are not CD4 Th17

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Therapeutic targeting of subset-specific cytokines

- Antibodies that block IL-17 and IL-17R are very effective in psoriasis
 - May make Crohn's disease worse
- Anti-IL-13 is effective in asthma patients who have a strong Th2 signature

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Differentiation of Th subsets from naïve CD4+ T cells: general principles

- Different subsets develop from the same naïve CD4+ T cells

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- Cytokines produced at the site of antigen recognition drive differentiation into one or the other subset
- Major sources of cytokines: APCs responding to microbes (TLR and other signals), responding T cells themselves, other host cells

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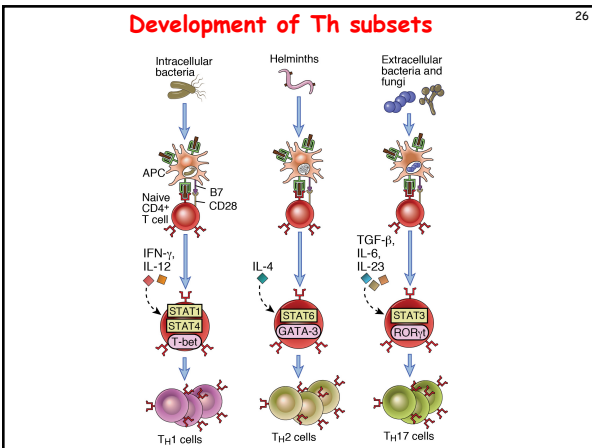
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- **Cytokines produced by each subset amplify that subset and inhibit the others (basis of "polarization")**

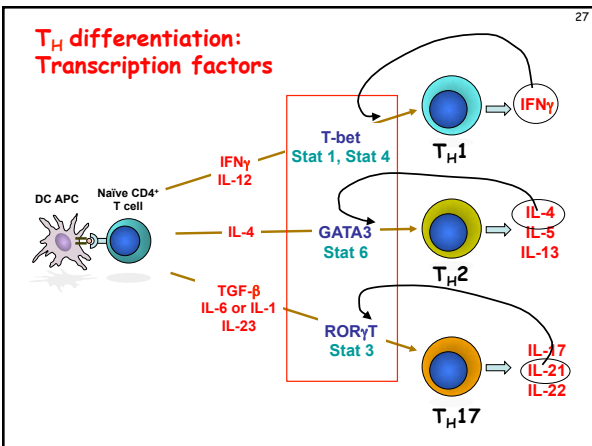
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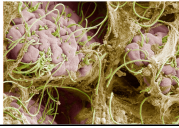




Influence of the microbiome on T cell subset development

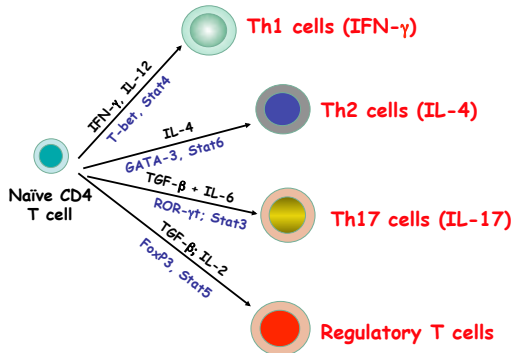
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- Components of the gut flora differentially affect the proportion of functionally distinct subsets of T cells in both the intestine and other tissues.
- Individual species of bacteria influence differentiation of T cell subsets, particularly Th17 cells and Treg cells.
- The presence of a single species of bacteria in gut (e.g. SFB) can affect susceptibility to autoimmune disease manifest in other tissues (e.g. joints).



Regulatory T cells are another subset

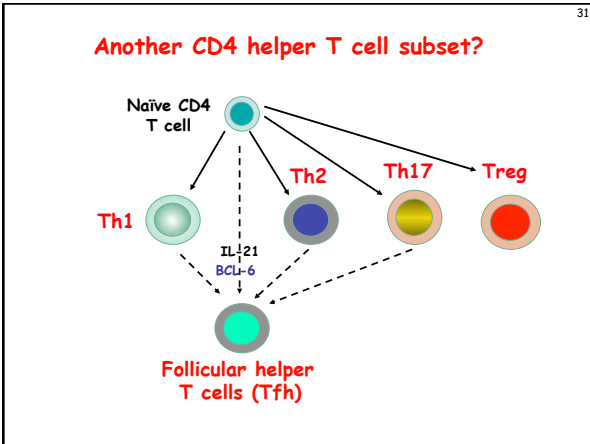
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Follicular helper T cells (Tfh)

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- Some effector T cells express the chemokine receptor CXCR5, migrate to lymphoid follicles, and help B cells (isotype switching, affinity maturation)
- Characteristics of Tfh:
 - Surface CXCR5, ICOS
 - Transcription factor: BCL-6
 - Cytokines secreted: IL-21 + IL-4 or IFN γ (or IL-17?)



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- Identification of T cell subsets**
- Cytokine products
 - Often "mixed" phenotypes
 - "Lineage-specific" transcription factors
 - Epigenetic changes, e.g. demethylated cytokine gene loci
 - Other markers (receptors for chemokines and other cytokines, surface proteins): probably not definitive

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- Helper T cell subsets: unresolved questions**
- What signals induce different subsets in vivo?
 - How do different microbes induce production of different subset-inducing cytokines?
 - How stable or plastic are these subsets?
 - What is the significance of cells that produce various mixtures or sets of cytokines?
 - Th17 cells that make IFN γ may be highly pathogenic
 - What about Th9, Th22, etc etc?
 - Cross-regulation of subsets: how do different populations affect one another?

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Therapeutic Targeting of Cytokines

- TNF antagonists (RA, IBD, Psoriasis)
- IL-1RA (RA)
- IL-2R (graft rejection, MS?)
- Anti-IL-6 receptor (RA, JIA)
- Anti-IL-12/23 p40 (IBD, psoriasis)
 - will inhibit T_H1 and T_H17
- Anti-IL-17A, IL-17 receptor (Psoriasis)
- Anti-IL-13 (Asthma)
- Anti-type I IFN (SLE)

Potential of small molecule inhibitors of subset-specific transcription factors?
