



Regulation of chemokine receptor expression and function on CD4⁺ T lymphocytes during central nervous system inflammation

Rachel Elizabeth Kohler, B.Sc. (Hons.)

Discipline of Microbiology and Immunology,
School of Molecular and Biomedical Sciences,
University of Adelaide

A thesis submitted to University of Adelaide in
fulfillment of the requirements for the degree of
Doctor of Philosophy

November 2003



Abstract

Chemokines are a family of cytokines that exhibit selective chemoattractant properties for target leukocytes, including CD4⁺ T lymphocytes, and play a significant role in leukocyte migration. However, a target leukocyte can only respond to a chemokine if it expresses the cognate receptor(s). Recent studies have demonstrated alterations in both chemokine and chemokine receptor expression patterns in the CNS during experimental autoimmune encephalomyelitis (EAE), a model for Multiple Sclerosis. Accordingly, the aim of the research presented in this thesis was to investigate chemokine receptor regulation and function on CD4⁺ T lymphocytes during T cell-mediated central nervous system (CNS) inflammation *in vivo*. In the proteolipid protein (PLP)-induced model of EAE, two inflammatory (CXCR3 and CCR5) and one supposedly homeostatic (CXCR4) chemokine receptors were upregulated on CD4⁺ T cells during antigen-dependent clonal selection in the draining lymph nodes. As the CD4⁺ T cells migrated through the blood and into the CNS tissue, expression of these receptors remained elevated such that, at the peak of clinical disease, the majority of neuroantigen-specific CD4⁺ T cells in the CNS expressed elevated levels of CXCR4, CXCR3 and CCR5. Detailed characterisation of these receptors revealed that upregulation occurred in co-ordination with cellular division.

Subsequent experiments were performed in order to determine the biological consequences of specific chemokine/receptor interactions during EAE. Amino terminal modifications of chemokines, which convert agonists to antagonists, have previously been shown to interfere with ligand/receptor interactions during inflammation. Therefore, a series of synthetic N-terminal chemokine mutants were initially tested *in vitro* for their ability to act as antagonists in preventing the migration of neuroantigen-activated lymphocytes to ligands of the receptors CXCR4, CXCR3 and CCR5. These analyses revealed that the synthetic mutants SDF-1 P2G, I-TAC 4-79 and RANTES 9-68 possessed potent antagonistic capacities. Following EAE induction, treatment every second day with the antagonists until day 15 resulted in a significant decrease in the severity of the neurological symptoms of EAE. Histological analyses demonstrated that the reduction in disease severity corresponded with a reduced number of inflammatory infiltrates in the spinal cords of antagonist-treated mice at peak clinical disease compared with control-treated mice.

The ability to separate the disease process into two separate phases (sensitisation and effector) using adoptive transfer experiments provided a means to investigate the temporal and spatial control that specific chemokine/receptor interactions exerted during the pathogenesis of EAE. Accordingly, a series of *ex vivo* proliferation assays and adoptive transfer experiments were conducted. From these experiments, a potential role for the SDF-1/CXCR4 interaction was identified in the sensitisation phase of the disease. These results indicated that SDF-1/CXCL12 and CXCR4 interactions not only play a role in homeostasis, but may also provide costimulatory signals to antigen-stimulated CD4⁺ T cells. Conversely, roles for I-TAC/CXCR3 and RANTES/CCR5 interactions, but not SDF-1/CXCR4 interactions were identified in the effector phase of EAE. Collectively, the results generated in the present thesis, together with those from other studies, enabled the construction of a model detailing the temporal and spatial parameters of chemokine/chemokine receptor regulation of CD4⁺ T cell activation and migration during a CD4⁺ T cell-mediated immune response in the CNS.

Table of Contents

1.1 Overview	1
1.2 T cell biology.....	2
1.2.1 The importance of controlled T cell trafficking in adaptive immunity	2
1.2.2 Differential trafficking properties of effector T cell sub-populations	3
1.2.3 Molecular mechanisms of T cell extravasation	4
1.3 Overview of the chemokine system	5
1.3.1 Chemokine structure and function	5
1.3.2 Regulation of chemokine production.....	7
1.3.2.1 Homeostatic and inflammatory chemokines.....	7
1.3.2.2 Patterns of homeostatic chemokine expression	8
1.3.2.3 Patterns of inflammatory chemokine expression	9
1.3.2.4 Expression of chemokines that have both homeostatic and inflammatory functions.....	10
1.3.3 Chemokine receptors	10
1.3.3.1 Overview.....	10
1.3.3.2 Structure and specificity	11
1.4 Chemokines and chemokine receptors in T cell biology	12
1.4.1 Chemokines, chemokine receptors and T cells: in vitro studies.....	12
1.4.1.1 Chemotaxis	12
1.4.1.2 Adhesion	13
1.4.1.3 T cell activation and differentiation.....	14
1.5 Chemokine/chemokine receptor control of CD4⁺ T cell migration	15
1.5.1 Overview	15
1.5.2 Evidence for chemokine/chemokine receptor control CD4 ⁺ T cell migration..	15
1.6 Inflammation of the central nervous system	19
1.6.1 The healthy central nervous system.....	19
1.6.2 Neuroinflammation.....	20
1.6.3 Multiple sclerosis pathology	21
1.6.4 CD4 ⁺ T cells and MS	22
1.6.5 EAE- A model for MS	24

1.6.6 CD4 ⁺ T cell involvement in EAE	26
1.6.7 Chemokines and chemokine receptors during EAE	28
1.7 Roles for chemokines and their receptors <i>in vivo</i>	30
1.7.1 Overview.....	30
1.7.2 Ligand/receptor knockout mice	30
1.7.3 Intrakine studies	31
1.7.4 Antibody neutralisation studies.....	32
1.7.5 Chemokine receptor antagonism studies	33
1.7.6 Summary.....	34
1.8 The research project.....	35
2.1 Animals and Reagents	36
2.1.1 Mouse strains and conditions.....	36
2.1.2 General chemicals.....	36
2.1.3 Antigens and adjuvants used in vivo	37
2.1.3.1 Proteolipid protein (PLP) peptide 139-151.....	37
2.1.3.2 Incomplete Freund's Adjuvant (IFA)	37
2.1.3.3 Complete Freund's Adjuvant (CFA)	38
2.1.3.4 Pertussigen	38
2.1.4 Chemokine peptides.....	38
2.1.5 Antibodies and conjugates	39
2.1.6 Enzymes and Oligonucleotides.....	39
2.1.6.1 Enzymes.....	39
2.1.6.2 Oligonucleotide primers.....	39
2.1.7 General Solutions.....	39
2.1.7.1 Hank's Balanced Salt Solution (HBSS).....	39
2.1.7.2 Phosphate buffered saline (PBS)	40
2.1.7.3 ELISA coating buffer.....	40
2.1.7.4 PBS/Tween	40
2.1.7.5 Mowiol mounting medium	40
2.1.7.6 Standard Isotonic Percoll (SIP).....	41
2.1.7.7 Mouse Red Cell Removal Buffer (MRCRB)	41
2.1.7.8 Staining buffer for flow cytometry	41
2.1.7.9 1% Paraformaldehyde (PFA).....	41

2.1.7.10 DNase solution for BrdU labelling	42
2.1.7.11 1% acid alcohol.....	42
2.1.7.12 Scott's Tapwater substitute.....	42
2.1.7.13 DEPC-treated water	42
2.1.7.14 TAE.....	42
2.1.7.15 DNA Loading buffer.....	43
2.2 <i>In vivo</i> techniques.....	43
2.2.1 Active induction of EAE with PLP ₁₃₉₋₁₅₁ in CFA.....	43
2.2.2 Adoptive transfer of EAE using PLP ₁₃₉₋₁₅₁ -activated cells.....	43
2.2.3 Clinical assessment of EAE	44
2.2.4 Treatment of mice with chemokine antagonists	44
2.2.5 Passive immunisation with <i>Salmonella enteriditis</i>	45
2.2.6 Detection of cellular proliferation by BrdU incorporation	45
2.3 Primary cell isolation and collection of tissues and serum.....	46
2.3.1 Preparation of single cell suspensions from lymphoid organs.....	46
2.3.2 Isolation of leukocytes from spinal cords	46
2.3.3 Isolation of leukocytes from mouse peritoneal cavities (peritoneal washouts)	47
2.3.4 Nylon wool purification of T lymphocytes.....	47
2.3.5 Collection of tissues for RT-PCR analysis	48
2.3.6 Collection of mouse serum	48
2.3.7 Isolation of leukocytes from peripheral blood	49
2.4 Cell culture	49
2.4.1 Culture media.....	49
2.4.1.1 Serum	49
2.4.1.2 RPMI-10% FCS	50
2.4.1.3 RPMI-1% FCS	50
2.4.1.4 RPMI-BSA.....	50
2.4.2 Culturing primary lymph node cells	50
2.4.3 Concanavalin A (Con A) stimulation of lymphocytes.....	51
2.5 <i>In vitro</i> assays.....	51
2.5.1 Viable cell counts.....	51

2.5.2 Analysis of cell division by carboxyfluorescein diacetate succinimidyl ester (CFSE) dye dilution	51
2.5.3 Proliferation assay.....	52
2.5.4 Transwell chemotaxis and inhibition assay	53
2.5.5 Direct ELISA for anti-chemokine antibody detection	54
2.6 Immunostaining of cells and tissue sections	55
2.6.1 Preparation of spinal cord tissue sections	55
2.6.2 Immunofluorescence staining of tissue sections.....	55
2.6.3 Labelling cells for flow cytometry.....	56
2.6.3.1 Standard protocol	56
2.6.3.2 Modified protocol for the detection of 5-bromo-2-deoxyuridine (BrdU) incorporation	57
2.6.4 Flow cytometric analysis	58
2.6.5 Haematoxylin and Eosin (H&E) staining	59
2.7 Analysis of chemokine receptor expression by reverse-transcriptase polymerase chain reaction (RT-PCR).....	59
2.7.1 RNA extraction from lymphoid and spinal cord tissue	59
2.7.2 DNase I treatment of RNA	60
2.7.3 Reverse-transcription	61
2.7.4 Amplification of target sequences using PCR	61
2.7.5 Analysis of PCR products by agarose gel electrophoresis.....	62
2.8 Statistical tests	62
3.1 Introduction.....	63
3.2 Results	64
3.2.1 Establishing an induction protocol for EAE	64
3.2.2 Characterisation of the immune response in the draining lymph nodes	65
3.2.2.1 Time-course of viable cell yield	65
3.2.2.2 Chemokine receptor expression in the draining LNs following immunisation.....	66
3.2.2.3 Evaluation of CD4 ⁺ T cells undergoing division in the draining lymph nodes	68

3.2.3 Analysis of chemokine receptor expression on CD4 ⁺ T cells following EAE induction	71
3.2.3.1 Chemokine receptor expression on CD4 ⁺ T cells undergoing cell division in the draining LNs of PLP-immunised mice	71
3.2.3.2 Chemokine receptor expression on divided CD4 ⁺ T cells in the peripheral blood of PLP-immunised mice	73
3.2.4 The BrdU technique allows the detection of T cell proliferation with high efficiency.....	75
3.2.5 Effect of in vitro antigen restimulation on chemokine receptor expression on CD4 ⁺ T cells.....	76
3.2.5.1 The effect of in vitro stimulation with PLP ₁₃₉₋₁₅₁ on cells recovered from EAE lymph nodes	76
3.2.5.2 Restimulation with PLP ₁₃₉₋₁₅₁ promotes CD4 ⁺ T cell division.....	78
3.2.6 Analysis of chemokine receptor expression on divided CD4 ⁺ T cells in vitro.	79
3.2.6.1 Comparison of chemokine receptor expression on CD4 ⁺ T cells that have divided upon restimulation in vitro.....	79
3.2.6.2 A sub-population of CD4 high T cells divide in response to PLP ₁₃₉₋₁₅₁ restimulation	80
3.2.6.3 Chemokine receptor expression on CD4 ^{hi} versus CD4 ^{normal} T cells	80
3.2.7 Functional consequences of altered patterns of chemokine receptor expression	81
3.2.7.1 PLP ₁₃₉₋₁₅₁ restimulation results in altered migration toward chemokine ligands for CXCR4, CXCR3 and CCR5.....	81
3.3 Summary.....	83
4.1 Introduction.....	86
4.2 Results	87
4.2.1 Chemokine Receptor expression in the CNS during EAE	87
4.2.2 Characteristics of cellular infiltration into the CNS following induction of EAE with PLP ₁₃₉₋₁₅₁	90
4.2.2.1 Time course of viable cell yield.....	90
4.2.2.2 Composition of cells recovered from the spinal cords following EAE induction	91

4.2.3 Analysis of chemokine receptor expression on CD4 ⁺ T cells in the CNS following EAE induction	93
4.2.3.1 Detection of CD4 ⁺ T cells expressing CXCR4, CXCR3 and CCR5 in the spinal cords of mice displaying clinical signs of EAE	93
4.2.3.2 Time-course of chemokine receptor expression on CD4 ⁺ T cells in the spinal cord.....	95
4.2.4 Analysis of divided cells in CNS following EAE induction.....	99
4.2.4.1 The percentage of CD4 ⁺ T cells undergoing division in the CNS following EAE induction.....	99
4.2.4.2 Absolute numbers of divided and non-divided CD4 ⁺ T cells in the spinal cord of diseased mice.....	100
4.2.4.3 Co-ordination of chemokine receptor up-regulation with cell division in the CNS	101
4.3 Summary	102
5.1 Introduction	104
5.2 Results	105
5.2.1 Characterisation of synthetic N-terminal mutants	105
5.2.1.1 SDF-1 P2G and RANTES 9-68 are poorly chemotactic	106
5.2.1.2 Determination of I-TAC 4-79 as an effective I-TAC antagonist.....	107
5.2.1.3 Verification of chemokine receptor antagonism by the synthetic antagonists in vitro.....	108
5.2.2 The effect of receptor inhibition on the development of clinical EAE.....	110
5.2.2.1 Dosing regimen for chemokine antagonist treatment of mice.....	110
5.2.2.2 SDF-1/CXCL12 antagonism during EAE alters the course of clinical disease	111
5.2.2.3 I-TAC 4-79 treatment decreases disease severity during EAE.....	112
5.2.2.4 RANTES 9-68 ameliorates clinical symptoms of EAE.....	113
5.2.3 Reduction of histopathology in the CNS by antagonist treatment.....	114
5.2.4 Quantitation of cells recovered from the CNS of chemokine antagonist-treated mice during EAE.....	116
5.2.4.1 Effect of the synthetic antagonists on the accumulation of cells in the spinal cords of EAE mice	116

5.2.4.2 Percentages of chemokine receptor expressing CD4 ⁺ T cells in the CNS of chemokine antagonist-treated mice.....	117
5.2.5 Humoral immunity is not responsible for the amelioration of disease following antagonist treatment	119
5.3 Summary.....	121
6.1 Introduction.....	123
6.2 Results	124
6.2.1 Effect of antagonists on the morphological features of the lymph nodes	124
6.2.2 Effect of antagonists on the sensitisation phase of EAE.....	125
6.2.3 Effect of antagonists on the effector phase of EAE	126
6.2.4 Effect of combined antagonism of CXCR4 and CXCR3 on the development of EAE.....	129
6.2.4.1 Antagonism of both CXCR4 and CXCR3 enhances the inhibition of the neurological signs of EAE	129
6.2.4.2 Decreased CNS histopathological lesions in SDF-1 P2G and I-TAC 4-79-treated mice.....	131
6.2.4.3 Treatment with SDF-1 P2G and I-TAC 4-79 reduces cellular infiltration into the CNS.....	132
6.3 Summary.....	133
7.1 Introduction.....	135
7.2 Pattern of chemokine receptor mRNA expression in the draining lymph nodes and CNS during EAE	136
7.3 Spatial and temporal aspects of chemokine receptor regulation during EAE	141
7.4 Chemokine receptor expression is modulated on dividing CD4⁺ T cells <i>in vitro</i>	147
7.4.1 Comparison of chemokine receptor expression on CD4 ⁺ T cells that have divided upon re-stimulation <i>in vitro</i>	147
7.4.2 Elevated expression of CD4 on PLP-specific cells re-stimulated <i>in vitro</i>	149
7.5 Characterisation of chemokine antagonists <i>in vitro</i>.....	150

7.6 Determination of a functional role of specific chemokine/ receptor interactions during EAE.....	153
7.6.1 A role for SDF-1/CXCR4 in the activation of CD4 ⁺ T cells	153
7.6.2 CXCR3 expression is required for accumulation of CD4 ⁺ T cells in the CNS during EAE	158
7.6.3 RANTES interaction with CCR5 or CCR1 effects the development of EAE	162
7.7 A proposed model for the inflammatory response initiated during EAE.....	166
7.8 Speculation of a role for CXCR4, CXC3 and CCR5 retention on memory CD4⁺ T cells during EAE Relapses.....	167
7.9 Concluding remarks	169
8.1 References.....	170