

Increased frequency of IL-7 and IL-15 receptor alpha chain (CD127, CD215) co-expressing CD4+ T cells in granulomatosis with polyangiitis (Wegener's)

Sirs,

One of the striking alterations within the T-cell compartment in granulomatosis with polyangiitis (GPA / Wegener's) is the expansion of circulating effector memory T-cells (T_{EM}) with a concomitant decrease in the number of naïve T cells (T_N) (1). GPA is a rare chronic inflammatory disorder of unknown etiology characterised by a predilection for chronic granulomatous inflammation of the upper and/or lower respiratory tract and a systemic autoimmune vasculitis associated with highly specific anti-neutrophil cytoplasmic autoantibodies with a specificity for proteinase 3 (PR3-ANCA) (2). Th1-type cells infiltrate granulomatous and vasculitic lesions suggestive of a role of T-cells in maintaining chronic inflammation in GPA. Circulating memory T cells are persistently activated and display a skewed mixed inflammatory cytokine response to PR3 *in vitro*, whereas the suppressor activity of regulatory T cells is impaired. Oligoclonality and shortened telomers suggest clonal expansion and antigen- and/or cytokine-driven replicative senescence and differentiation of T cells in GPA (3-7).

To address the question what drives memory T-cell expansion in GPA, we analysed the expression of the interleukin-7 receptor alpha chain (IL-7R α , CD127) and IL-15R α (CD215) on peripheral blood CD4+ T-helper-cells in 15 GPA-patients and 15 healthy controls from a cohort which we have analysed with regard to the phenotype and function of regulatory T cell previously (5). Cell preparation, staining of cellular surface markers with previously determined optimal concentrations of fluorochrome-conjugated monoclonal antibodies and flow-cytometric analysis with a four-colour flow cytometer was performed as described earlier (3, 5). In the present study we found no difference in the frequency of CD4+IL-15R α + T cells between GPA and healthy controls (8.2 \pm 5.6% vs. 5.3 \pm 2.5%, not significant, Mann-Whitney U-test). The percentages of CD4+IL-7R α + T cells were higher in comparison to the percentages of CD4+IL-15R α + T cells both in GPA and healthy individuals (24.2 \pm 10.0% vs. 8.2 \pm 5.6% p <0.001 and 42.7 \pm 12.7% vs. 5.3 \pm 2.5%, p <0.0001, Mann-Whitney U-test). However, there was a significant difference in the percentage of CD4+IL-7R α + T cells between GPA-patients and healthy controls (24.2 \pm 10.0% vs. 42.7 \pm 12.7%, p <0.01, Mann-Whitney U-

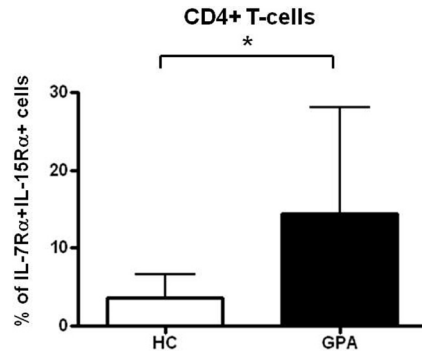


Fig. 1. Increased frequency of IL-7R α (CD127) and IL-15R α (CD215) co-expressing CD4+ T cells in GPA. Percentages of CD4+IL-7R α +IL-15R α + T cells in GPA and healthy controls (HC). Percentages of positive cells as assessed by flow cytometry (mean \pm SD, * p ≤0.05, Mann-Whitney U-test).

test). Analysis of the co-expression of IL-7R α and IL-15R α on CD4+ T cells showed a significant increase in the percentage of IL-7R α +IL-15R α + co-expressing CD4+ T cells in GPA in comparison with healthy controls (Fig. 1). Thus, while there was no difference in the percentages of IL-15R α + T cells between GPA and healthy controls and even a decreased frequency of IL-7R α + T cells in GPA as compared with healthy individuals, co-expression of both receptors was found in a higher percentage on CD4+ T cells in GPA-patients.

Expansion of circulating T_{EM} has been reported in GPA previously (1, 3, 7, 8). Genetic and environmental factors may play a role in driving T-cell differentiation in GPA (6, 8, 9). Of note, T_{EM} and IL-15-producing cell are present in granulomatous lesions in GPA (3, 8). Proliferation and differentiation of CD4+ memory T cells is driven by IL-7 and IL-15. The responsiveness of CD4+ T cells to IL-7 and IL-15 is progressively acquired as naïve T cells (T_N) differentiate to central memory T cells (T_{CM}) and effector memory T cells (T_{EM}) and up-regulate the IL-2/IL-15R β chain (CD122) and the common γ chain (CD132) to form the IL-7R heterodimer and IL-15R heterotrimer together with the IL-7R α and IL-15R α subunits, respectively (10). In the present study, we found an increased percentage of circulating CD4+ T cells co-expressing the IL-7R α and IL-15R α in GPA-patients. An increased frequency of CD4+ T cells co-expressing both receptors could favour the expansion of T_{EM} in GPA. Further studies will have to define the conditions driving the up-regulation of IL-7R and IL-15R and expansion of T_{EM} in more detail.

Acknowledgement

German Research Foundation-funded Clinical Research Unit 170 "Early pathogenesis

of Wegener's granulomatosis", Association for the Promotion of the Study and Control of Rheumatic Diseases, Bad Bramstedt, Germany.

S. KLAPA¹,
S. SCHÜLER¹,
S. PITANN¹,
P. KLENERMAN²,
W.L. GROSS¹,
P. LAMPRECHT¹

¹University of Lübeck, Department of Rheumatology, Vasculitis Centre UKSH and Clinical Centre Bad Bramstedt, Lübeck, Germany.

²Nuffield Department of Medicine, University of Oxford, Oxford, United Kingdom.

Address correspondence to:

Peter Lamprecht, MD, University of Lübeck, Department of Rheumatology, Vasculitis Centre UKSH & Clinical Centre Bad Bramstedt, Ratzeburger Allee 160, 23538 Lübeck, Germany. E-mail: peter.lamprecht@uksh.de

Competing interests: none declared.

References

1. ABDULAHAD WH, VAN DER GELD YM, STEGEMAN CA, KALLENBERG CG: Persistent expansion of CD4+ effector memory T cells in Wegener's granulomatosis. *Kidney Int* 2006; 70: 938-47.
2. LAMPRECHT P, HOLLE J, GROSS WL: Update on clinical, pathophysiological and therapeutic aspects in ANCA-associated vasculitides. *Curr Drug Discov Technol* 2009; 6: 241-51.
3. KOMOCSI A, LAMPRECHT P, CSERNOK E *et al.*: Peripheral blood and granuloma CD4⁺CD28⁻ T cells are a major source of interferon- γ and tumor necrosis factor-alpha in Wegener's granulomatosis. *Am J Pathol* 2002; 160: 1717-24.
4. FAGIN U, CSERNOK E, MÜLLER A *et al.*: Distinct proteinase 3-induced cytokine patterns in Wegener's granulomatosis, Churg-Strauss syndrome, and healthy controls. *Clin Exp Rheumatol* 2011; 29 (Suppl. 64): S57-62.
5. KLAPA S, MUELLER A, CSERNOK E *et al.*: Lower numbers of FoxP3 and CCR4 co-expressing cells in an elevated subpopulation of CD4⁺CD25^{high} regulatory T cells from Wegener's granulomatosis. *Clin Exp Rheumatol* 2010; 28 (Suppl. 57): S72-80.
6. FAGIN U, PITANN S, GROSS WL, LAMPRECHT P: Flow cytometric characterization of early and late differentiated T-cells including PR3-specific cells in granulomatosis with polyangiitis (Wegener's). *Cytometry B Clin Cytom* 2012; in press.
7. LAMPRECHT P, KABELITZ D: T-cells in ANCA-associated vasculitis. *Z Rheumatol* 2011; 70: 698-700.
8. CAPRARU D, MÜLLER A, CSERNOK E *et al.*: Expansion of circulating NKG2D+ effector memory T-cells and expression of NKG2D-ligand MIC in granulomatous lesions in Wegener's granulomatosis. *Clin Immunol* 2008; 127: 144-50.
9. MORGAN MD, PACHNIO A, BEGUM J *et al.*: CD4⁺CD28⁻ T cell expansion in granulomatosis with polyangiitis (Wegener's) is driven by latent cytomegalovirus infection and is associated with an increased risk of infection and mortality. *Arthritis Rheum* 2011; 63: 2127-37.
10. GEGINAT J, SALLUSTO F, LANZAVECCHIA A: Cytokine driven proliferation and differentiation of human naïve, central memory, and effector memory CD4+ T-cells. *J Exp Med* 2001; 194: 1711-9.