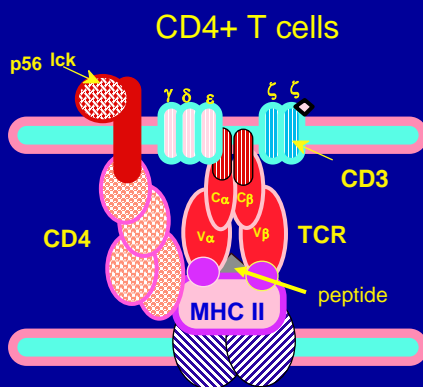


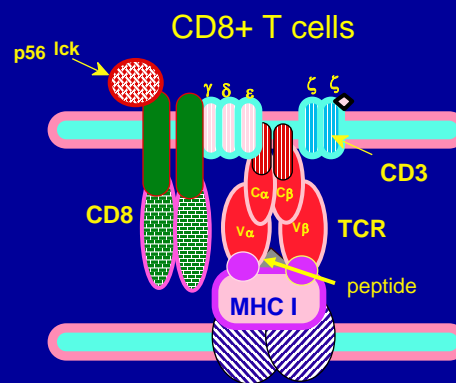
# T Cell Effector Mechanisms I: B cell Help & DTH

Ned Braunstein, MD

## The Major T Cell Subsets



- (1) Interacts with MHC class II expressing cells (B cells, macrophages)
- (2) Induce(help) B cells to synthesize antibody
- (3) Induce and activate macrophages
- (4) Secretes lymphokines



- (1) Interacts with MHC class I expressing cells (all nucleated cells)
- (2) Kill MHC class I expressing target cells
- (3) Suppress immune responses
- (4) Secretes lymphokines

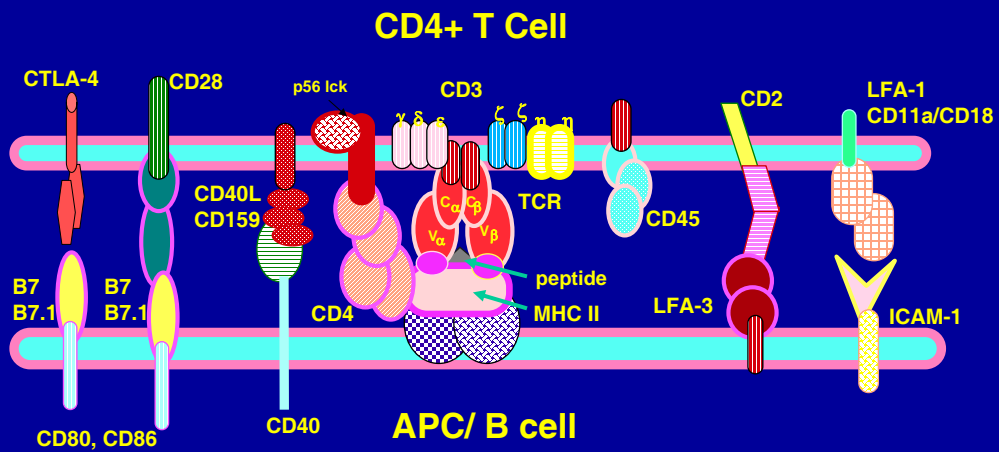
## Observations

- T cells responses to foreign proteins are readily made in setting of infection
  - Immunization to foreign protein provided outside the setting of infection requires adjuvant
- T cells capable of responding to self MHC + plus peptide can be readily identified in healthy individuals
  - Autoimmune disease is rare

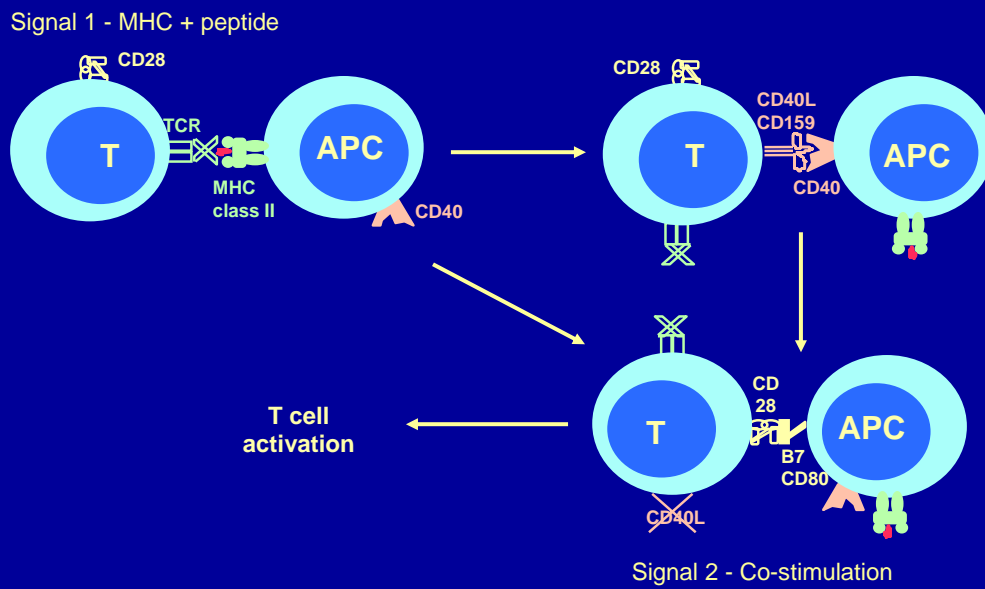
## Implications/Overview

- T cell activation is highly regulated and involves both antigen plus context
  - APC
    - MHC molecule
      - antigen processing & presentation
    - Other cell surface molecules
      - accessory molecules and co-stimulators
  - Cytokines (and chemokines)

## Molecular Interactions of Helper T Cells and APC/B Cells

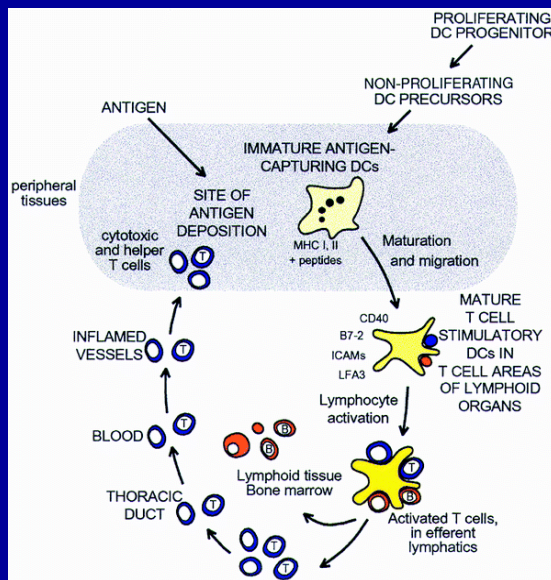


## T cell activation



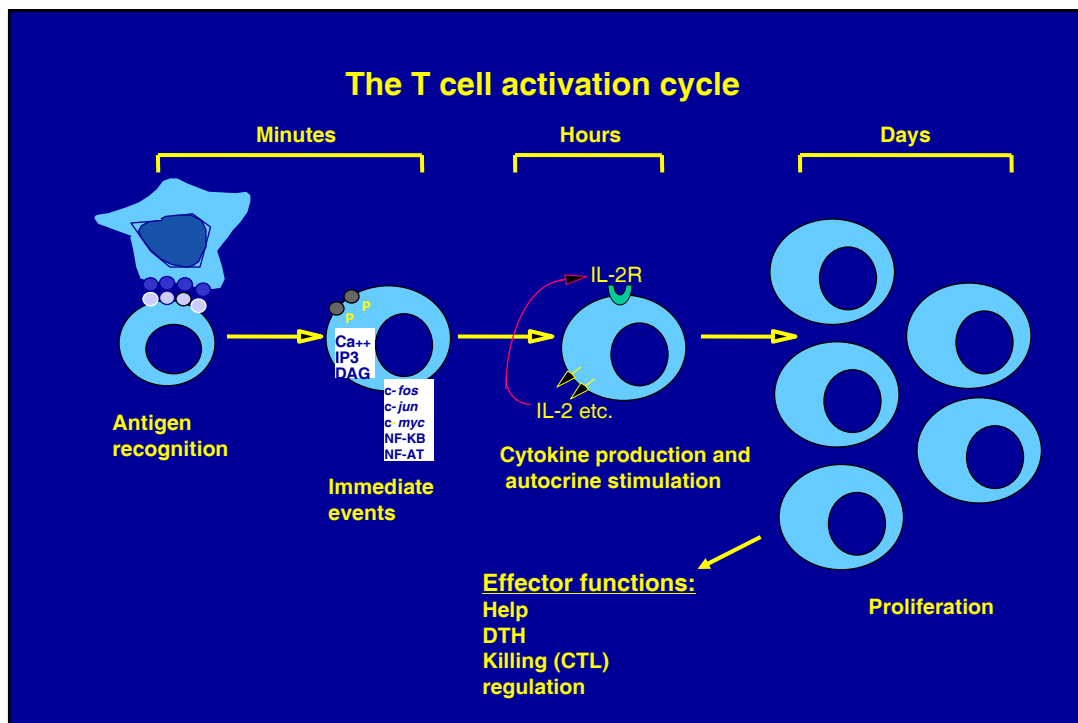
## Naïve T cells are activated by DCs presenting antigen in LNs where they mature into effector cells

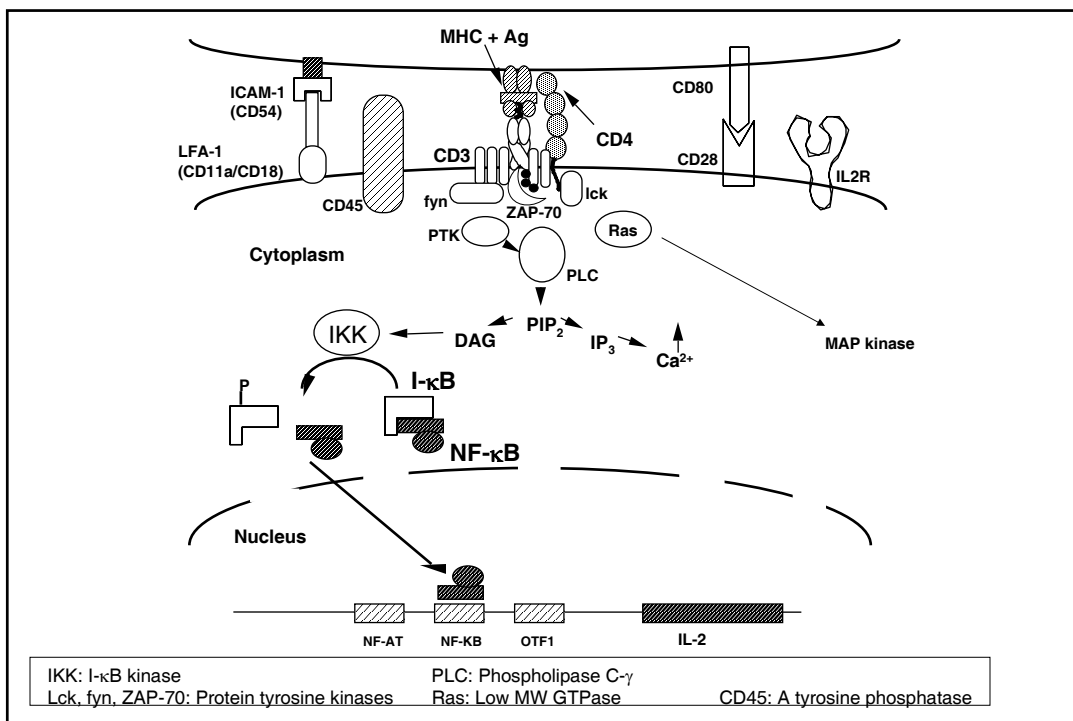
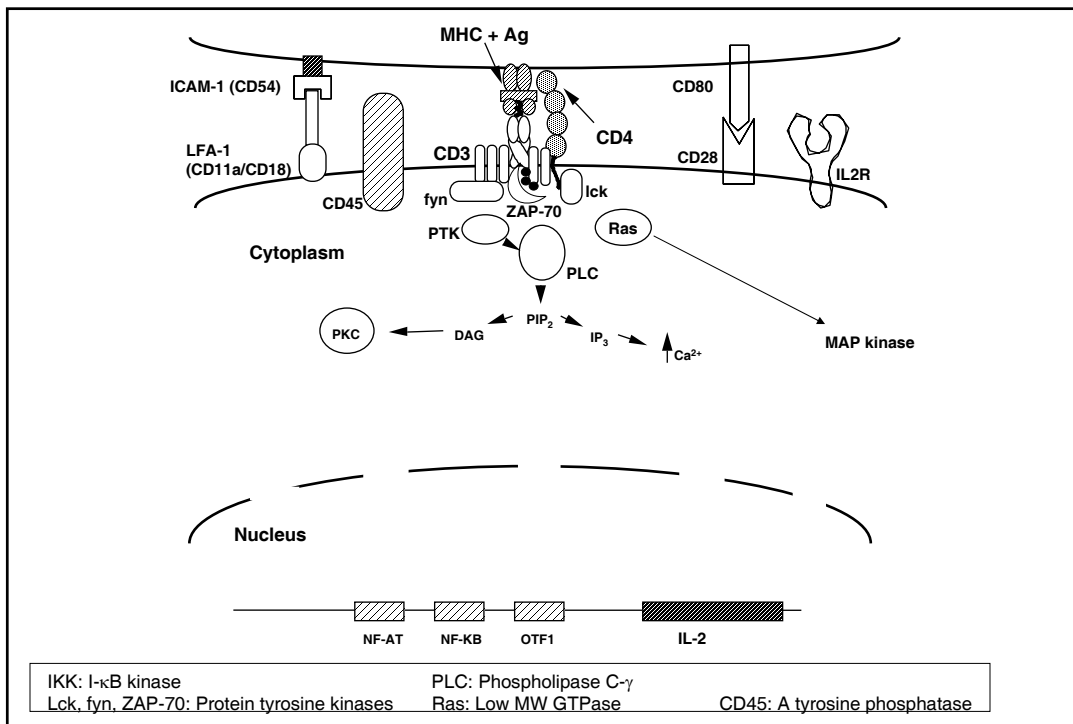
### The Biology of Dendritic Cells: Antigen capture and presentation to T cells

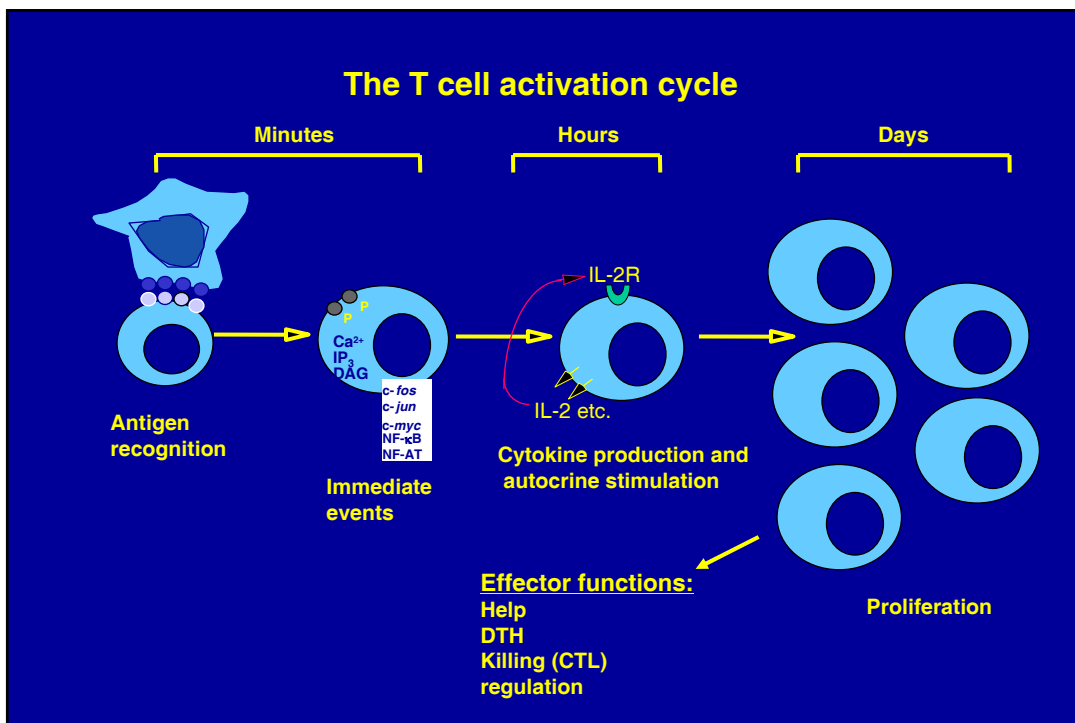
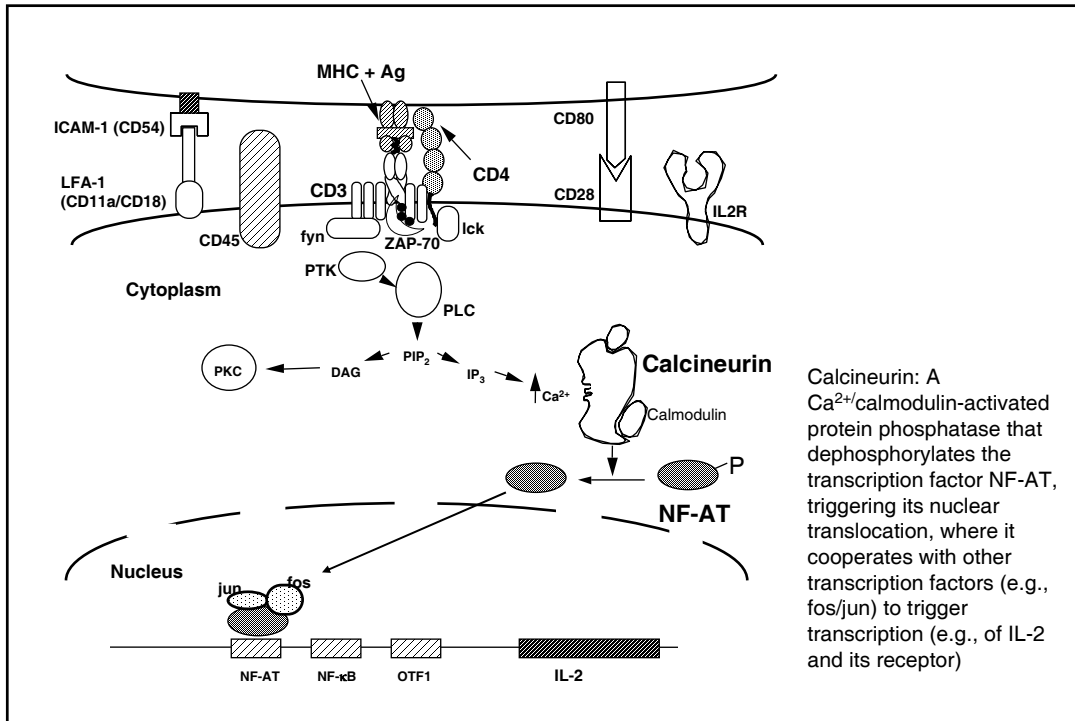


Antigens are captured by DCs in peripheral tissues and processed to form MHC-peptide complexes. As a consequence of antigen deposition and inflammation, DCs begin to mature, expressing molecules that will lead to binding and stimulation of T cells in the T-cell areas of lymphoid tissues. If the antigen has also been bound by B cells, then both B and T cells can cluster with DCs. After activation, B blasts move to the lining of the intestine, the bone marrow, and other parts of the lymphoid tissue with some becoming antibody-secreting plasma cells. T blasts leave the blood at the original site of antigen deposition, recognizing changes in the inflamed blood vessels and responding vigorously to cells that are presenting antigen. This limits the T-cell response to the site of microbial infection. Banachereau, J. and Steinman, R. *Nature* 392, 245 - 252 (1998)

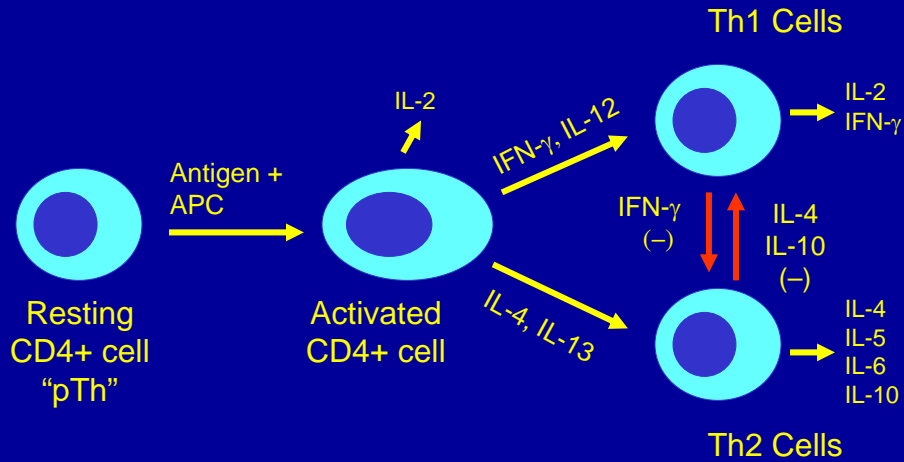
**Primed effector T cells can be restimulated in tissue by antigen + MHC without requiring costimulation**



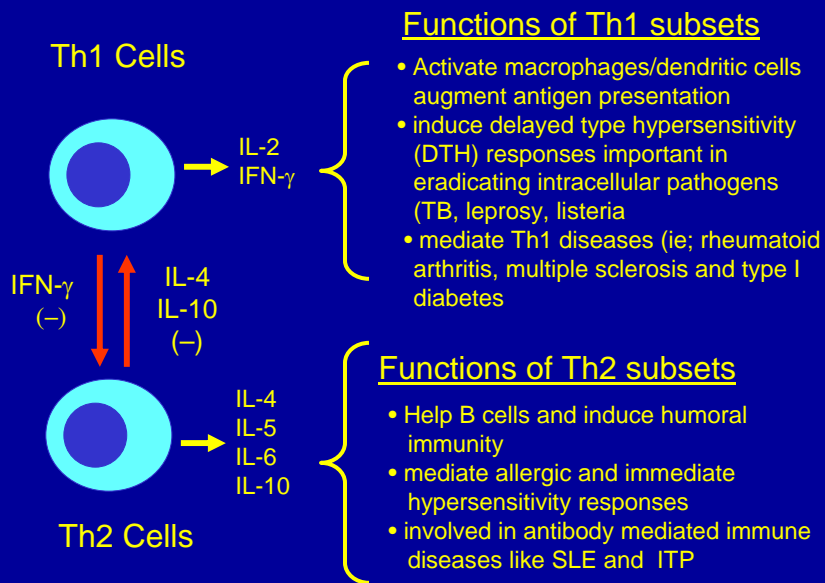




## Naïve CD4+ T cells differentiate into Th1 and Th2 subsets



## Functions of Th subsets



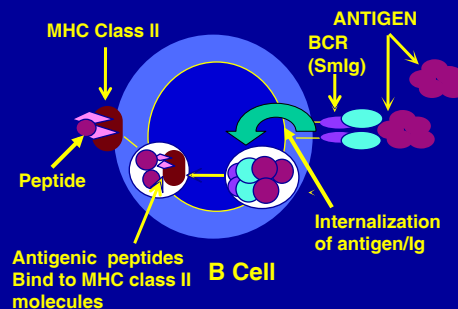


## Major Functions of T Lymphocytes

- (1) Induction and Activation of B cells (Help)- required for most antibody responses
- (2) Delayed Type Hypersensitivity (DTH) - important in elimination of intracellular pathogens (virus, fungi and mycobacteria)
- (3) Cell mediated Cytotoxicity (Killer function)- important in the immune response to virus infected cells and cancer cells
- (4) Suppressor Cell Function- regulates the cell mediated and antibody responses

## B Cell Help -Part I

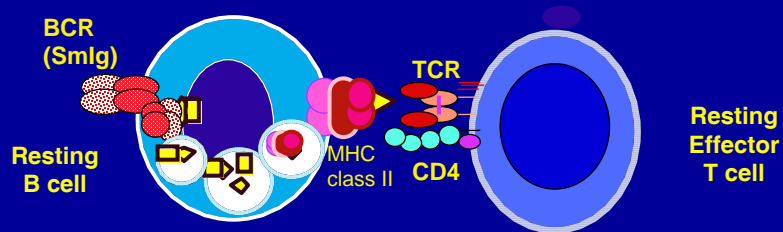
B cells receive Signal 1 from Antigen and then Process and Present



Antigen binds specifically to Smlg, is internalized into vesicles and cleaved into peptides which displace and bind to MHC class II molecules. The peptide/MHC complex is then transported to the surface membrane.

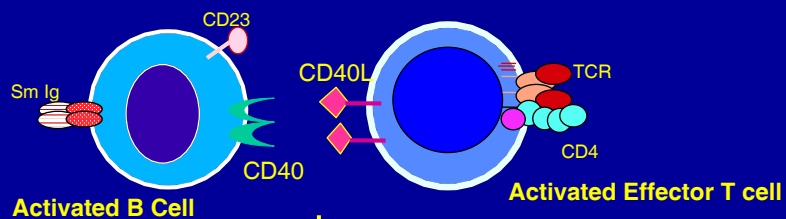
## B Cell Help- Part II

### Antigen Presentation and Initial Activation of CD4 T cell



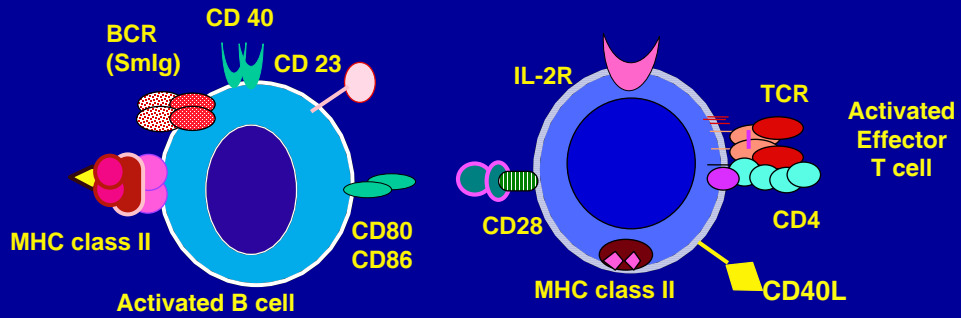
## B Cell Help -Part III

### B Cells Receive Signal 2 From T Cells via CD40

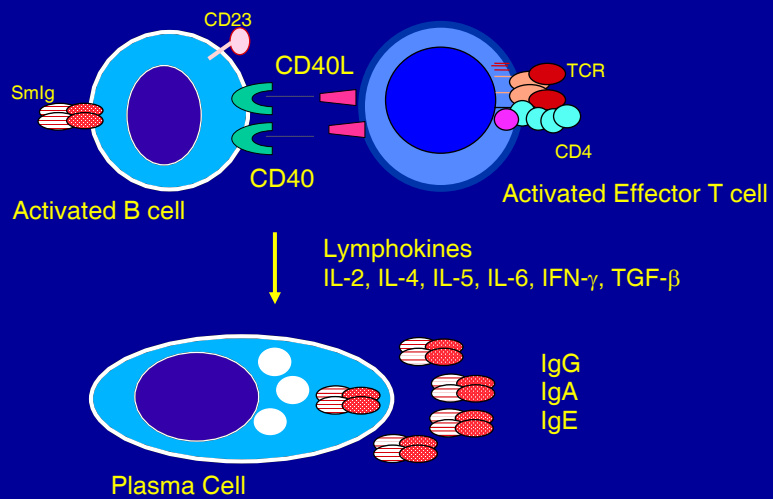


- ↓
- Triggering of B cell proliferation
  - Rescue from apoptosis
  - Induction of Ig isotype class switching
  - Up-regulation of CD80 and CD86
  - Germinal center formation
  - Up-regulation of CD23
  - Downregulation of CD40L expression

**B Cell Help -Part IV**  
**Activated B cells Express CD80 and**  
**Deliver Signal 2 to T cell**



**Final Phases of B cell Differentiation are Mediated by**  
**Contact T cell signals (CD40L/CD40) and Lymphokines**



## The Hyper IgM Syndrome (HIM)

The Hyper IgM Syndrome (HIM) is an X chromosome-linked Ig deficiency characterized by low serum levels of IgG, IgA and IgE with normal numbers of circulating IgM expressing mature B cells. Germinal centers and splenic follicles due not develop.

Affected patients (usually males) are susceptible to pyogenic infections, autoimmune disease and lymphoproliferative disease. In addition, patients are also susceptible to *Pneumocystis carini* infections.

The genetic defect in the majority of HIM patients is associated with mutations in the gene encoding CD40L and can be corrected functionally by soluble CD40 ligand, *in vitro*. A few HIM patients have normal CD40L but defects in CD40 signaling.

## Major Functions of T Lymphocytes

- (1) Induction and Activation of B cells (Help)-**  
required for most antibody responses
- (2) Delayed Type Hypersensitivity (DTH) - important**  
in elimination of intracellular pathogens (virus,  
fungi and mycobacteria)
- (3) Cell mediated Cytotoxicity (Killer function)-**  
important in the immune response to virus  
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- (4) Suppressor Cell Function-**  
regulates the cell mediated and antibody  
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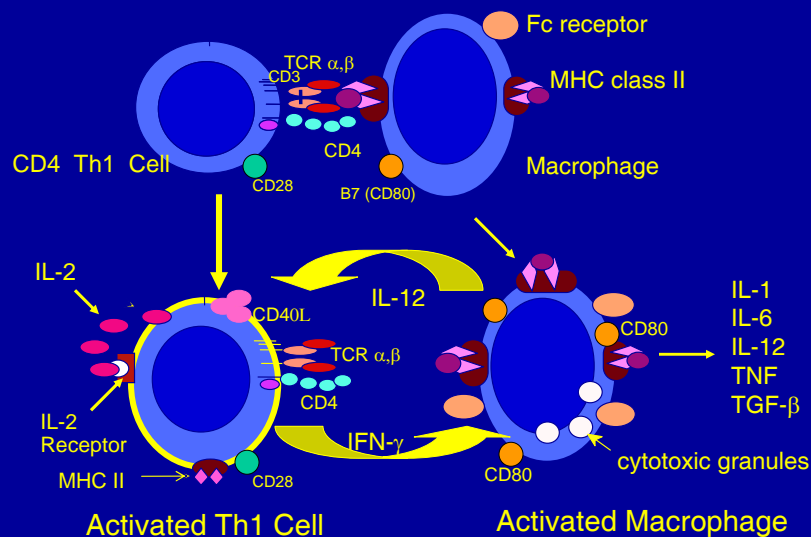
## Delayed Type Hypersensitivity (DTH)

a. DTH is initiated principally by CD4<sup>+</sup> Th1 cells and is the primary defense mechanism against intracellular parasites including the mycobacteria (TB), fungi and intracellular bacteria (*listeria monocytogenes*).

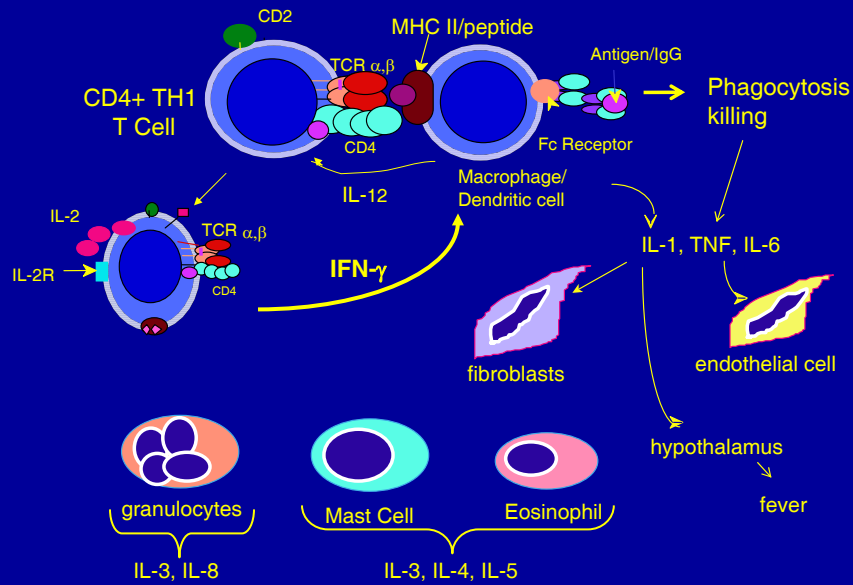
b. The cognitive phase of DTH involves CD4<sup>+</sup> T cell - macrophage/dendritic cell (MHC class II/peptide) interaction resulting in the local secretion of lymphokines.

c. The effector phase of DTH is effected by lymphokines which activate macrophages to secrete lysozyme, TNF, IL-1 and IL-12 as well as chemotactic and migration inhibitory factors restricting granulocytes, macrophages and eosinophils to the site of inflammation.

## T Cell- Macrophage Interactions



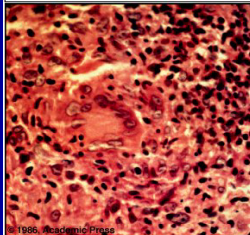
## Physiology of the DTH Response



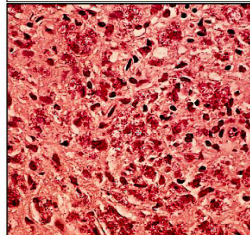
Infection with *Mycobacterium leprae* can result in different clinical forms of leprosy

There are two polar forms, tuberculoid and lepromatous leprosy, but several intermediate forms also exist

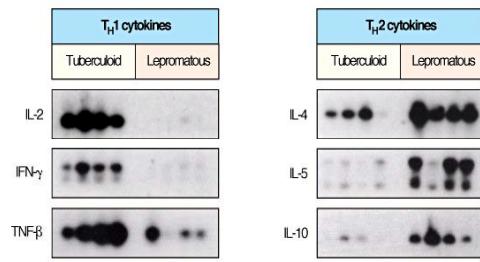
Tuberculoid leprosy



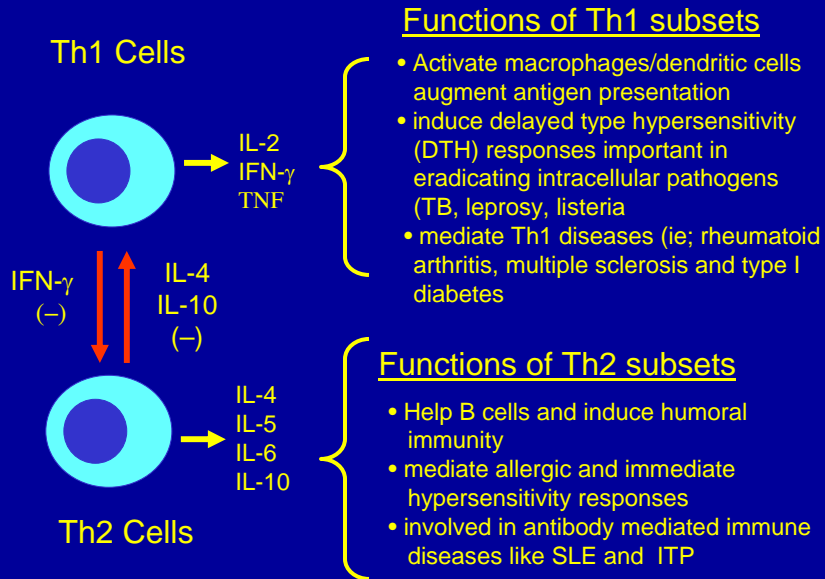
Lepromatous leprosy



Cytokine patterns in leprosy lesions



## Functions of Th subsets



## Summary

1. T cells are activated by APCs; MHC Class I activates CD8+ T cells and MHC Class II activates CD4+ T cells. Among the functions of these cells are helping B cells (Th cells), secreting cytokines (CD4+ and CD8+ T cells), and mediating cytotoxicity (CD8+ T cells, only).
2. The molecular basis of T cell help to B cells is CD40 on the B cells interacting with CD40 L on the T cells, and the secretion of cytokines (e.g., IL-4) from the T cells. This occurs in secondary lymphoid organs.
3. The signal transduction of T cells is complex, but involves early signals (protein tyrosine kinases, Ras-activated MAP kinases, and PLC. PLC is required for the production of IP<sub>3</sub>, which triggers Ca<sup>2+</sup>-dependent activation of calcineurin and NF-AT, and DAG, which activates PKC and, ultimately, NF- $\kappa$ B).
4. Th cells can be polarized into Th1 or Th2 subtypes, defined by the cytokines they secrete. Learn these cytokines.
4. Delayed type hypersensitivity (DTH) is mediated by activated macrophages, and results in the secretion of Th1 cytokines (e.g., IFN- $\gamma$  and IL-2). It is involved in many disease states, such as tuberculosis and tuberculoid leprosy.