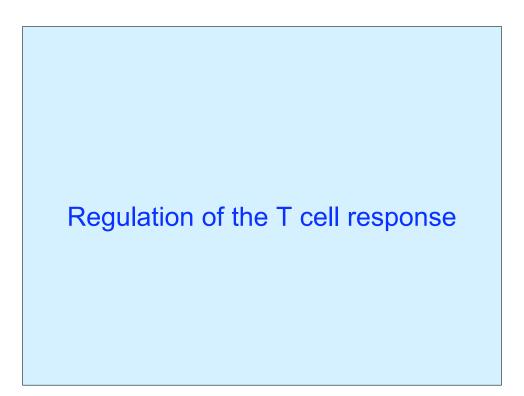
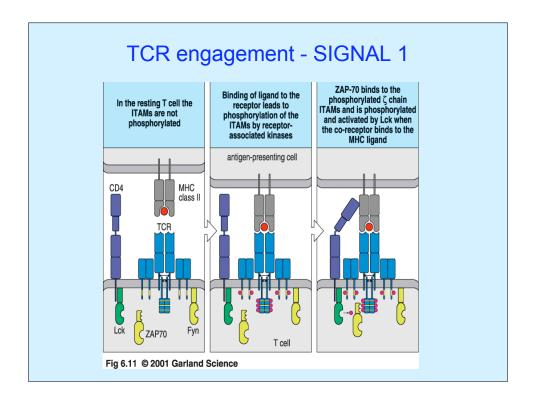
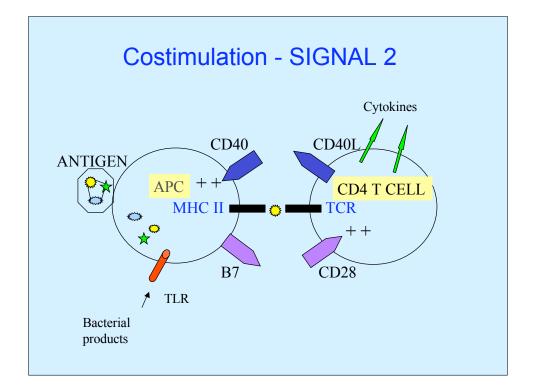


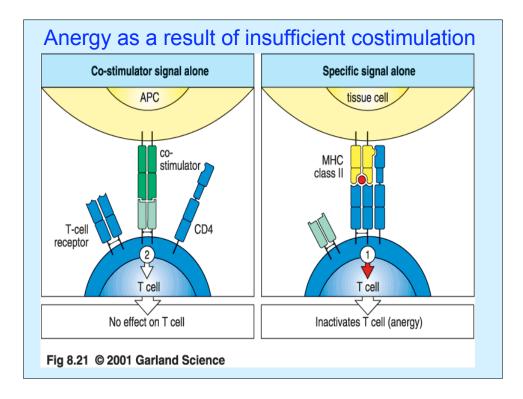
Failure of negative selection in the thymus results in autoimmunity

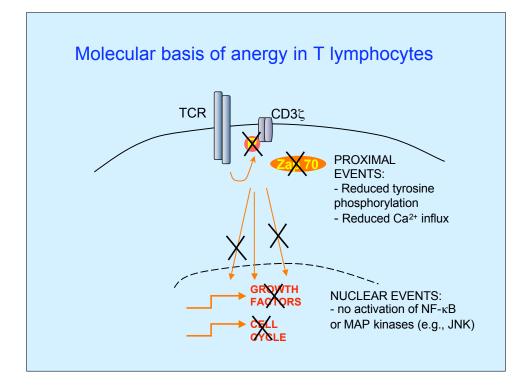
- APECED, or multiple polyendocrinopathy Type I is due to mutation in a gene called AIRE
- AIRE controls expression of important self-antigens on thymic medullary epithelial cells
- In the absence of AIRE, T cells recognizing these self-antigens fail to undergo negative selection

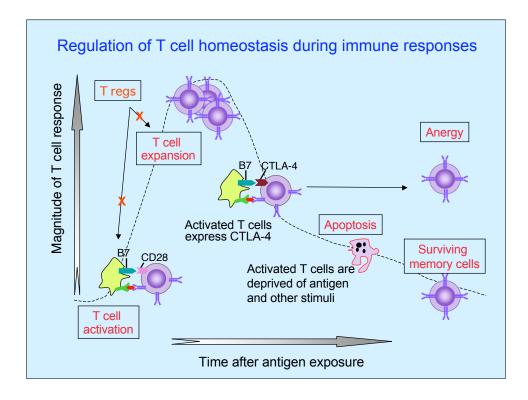


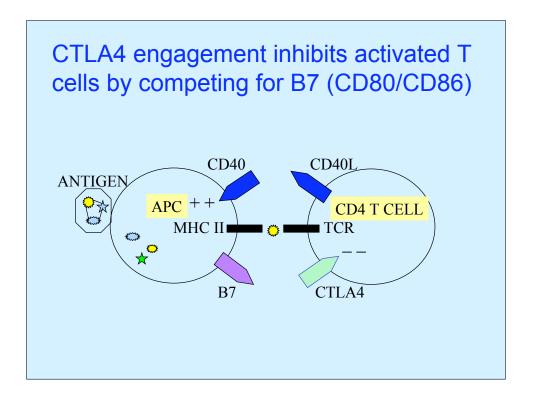


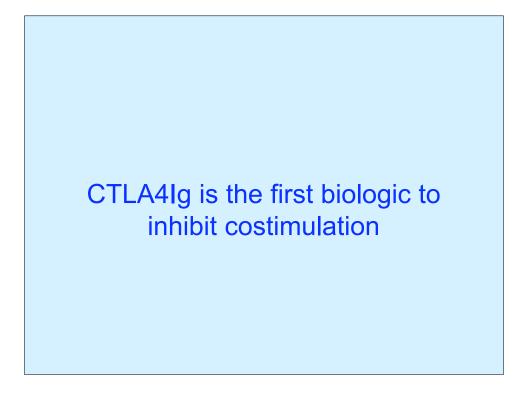


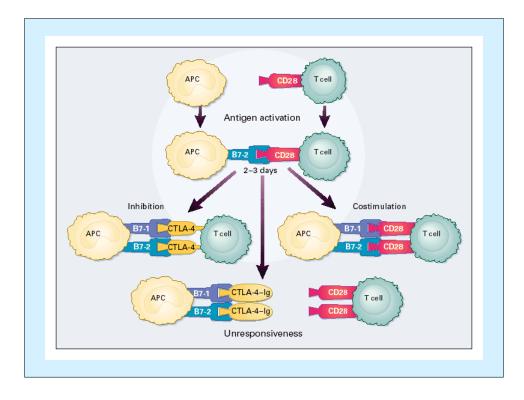


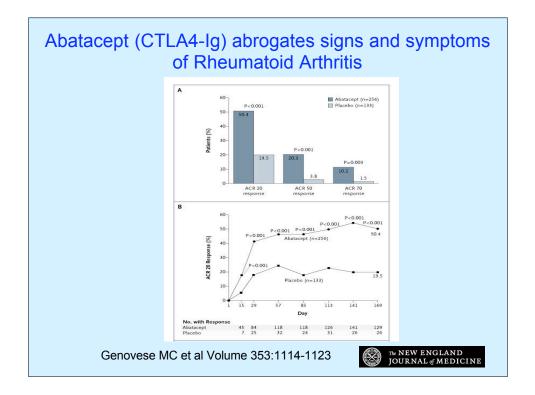


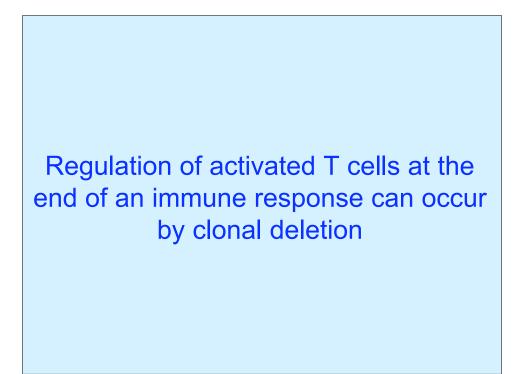


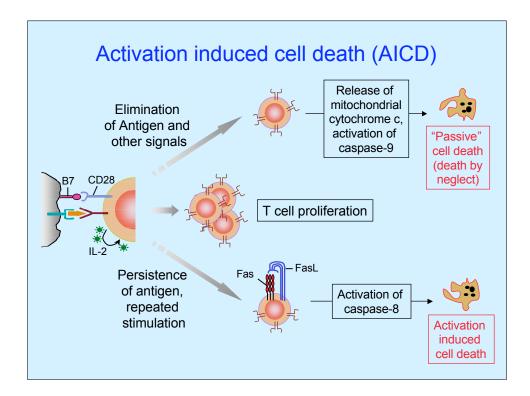




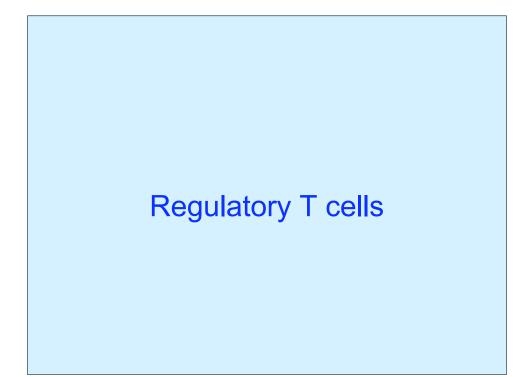


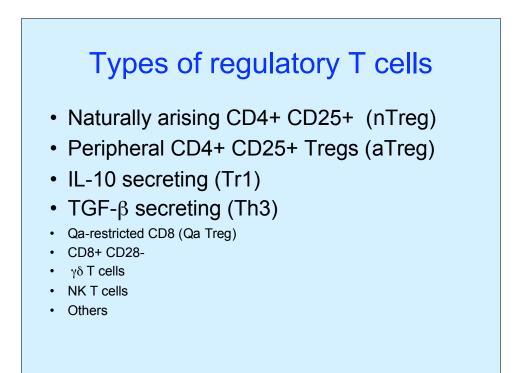






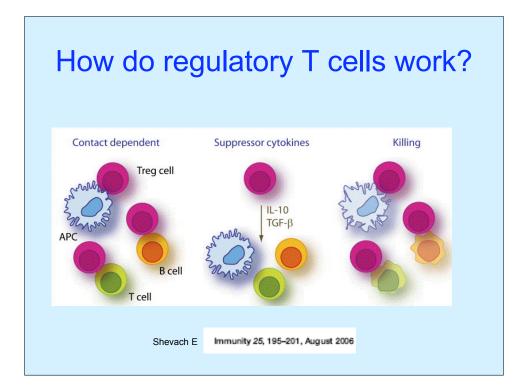
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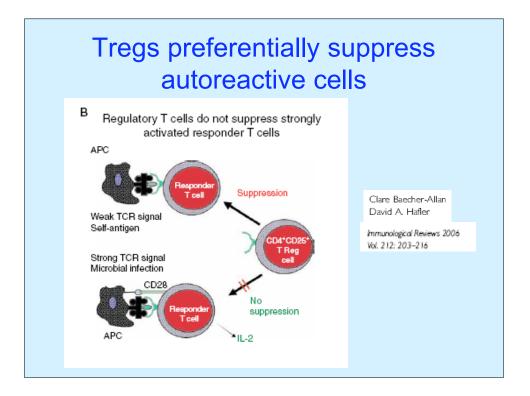


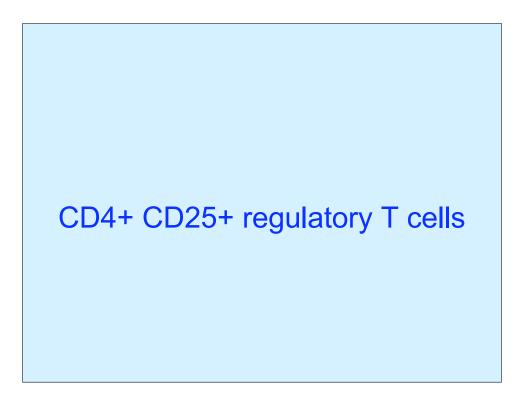


How are Tregs induced?

- Some arise naturally as a distinct population (e.g., nTreg and NK T cells)
- Others are induced as a result of antigen exposure in a permissive cytokine environment (e.g., aTreg and Tr1 cells)
- Multiple subsets reflect the importance of maintaining immune homeostasis and selftolerance under many different circumstances





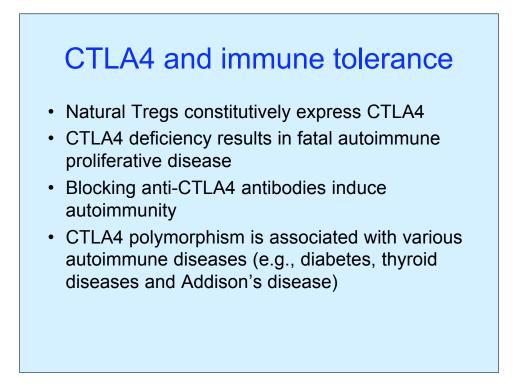


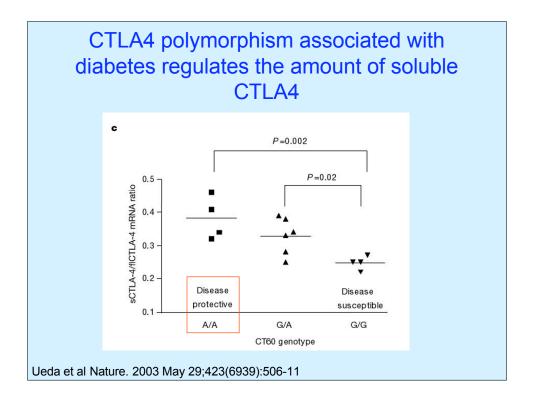
Natural Tregs

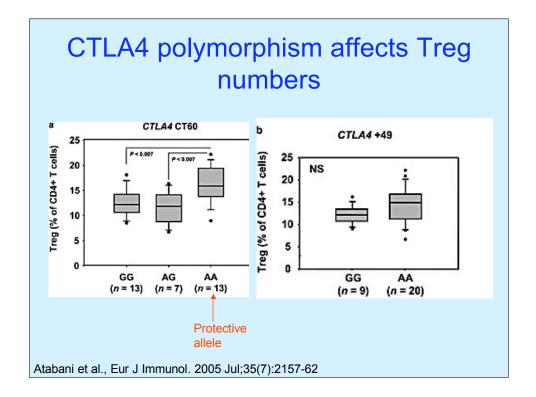
- Arise in the thymus upon ?medium avidity prolonged antigen/MHC exposure
- Require CD40 and CD28 for development and CD28 and IL-2 for survival (perhaps TGF-β as well)
- Function in suppressing inflammatory responses in the periphery in a cell contact-dependent manner
 - Effect depends on the ratio of effectors:suppressors
- A similar subset arises in the periphery from naïve precursors after exposure to antigen (adaptive Treg)

Autoimmune diseases arise in the setting of deficient nTregs

- Neonatal thymectomy results in multiple endocrinopathy in rodents
- In this situation Treg depletion is transient but sufficient to induce autoimmunity
- Transfer of CD4+ CD25- cells to SCID results in autoimmune disease especially bowel disease. Reversed by CD4+ CD25+ cells
- · IPEX in humans
 - Immune dysregulation
 - Polyendocrinopathy
 - Enteropathy
 - X-linked
 - Due to deficiency of Foxp3 gene

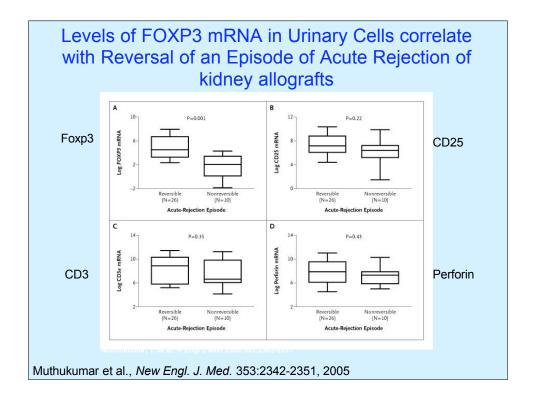


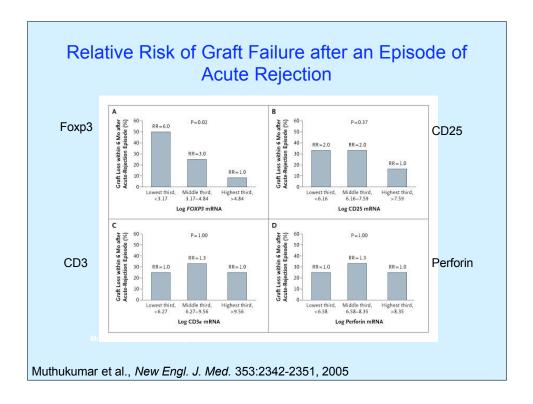


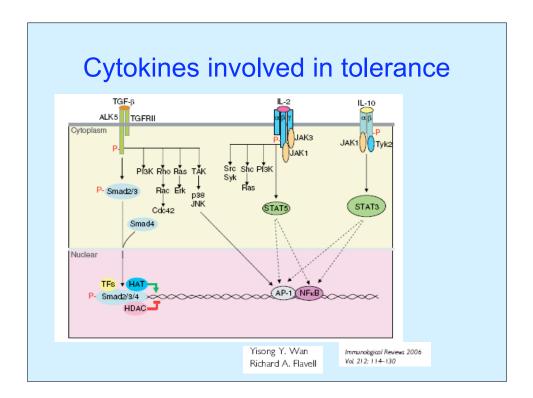


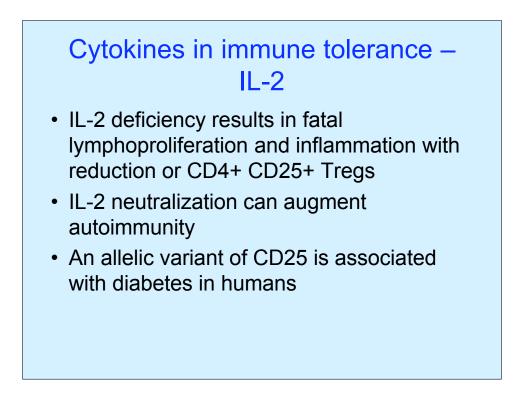
Ipilimumab (blocking anti-CTLA4) induces autoimmunity

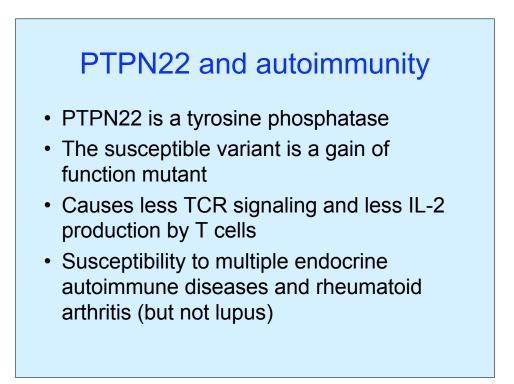
- 137 patients with melanoma, 61 with renal cell carcinoma
- 41 developed enterocolitis
- 13 developed hypophysitis, 8, dermatitis, 4 arthritis, 2 uveitis, 1 hepatitis, 1 nephritis, 1 aseptic meningitis
- Clinical tumor response was associated with enterocolitis (35% vs 2-11%)

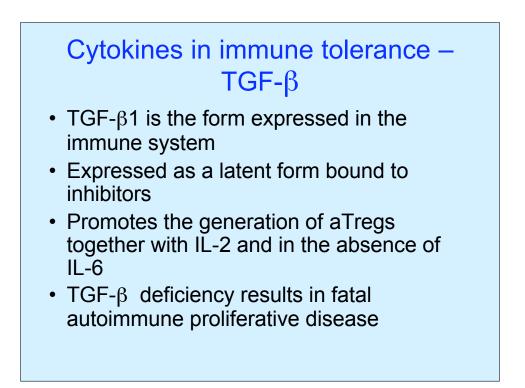


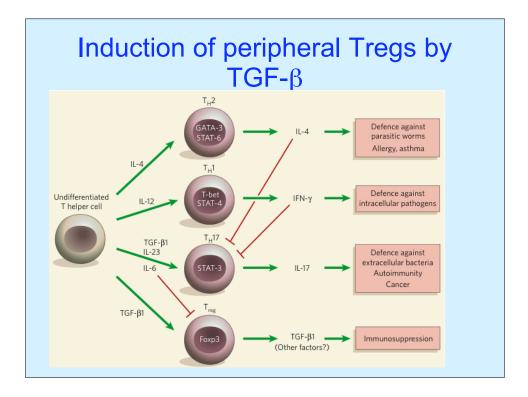


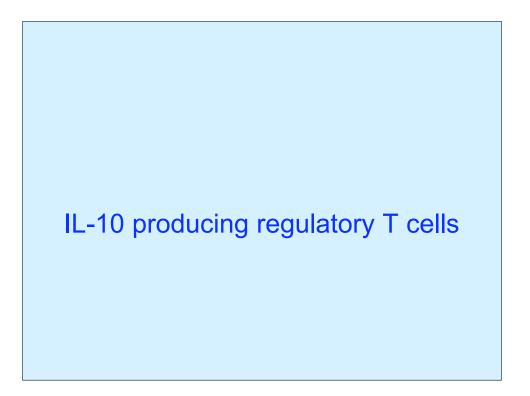






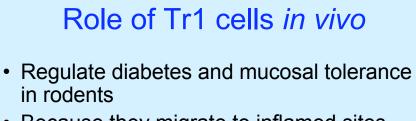




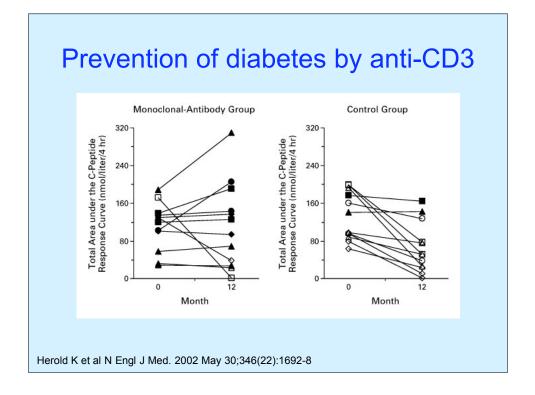


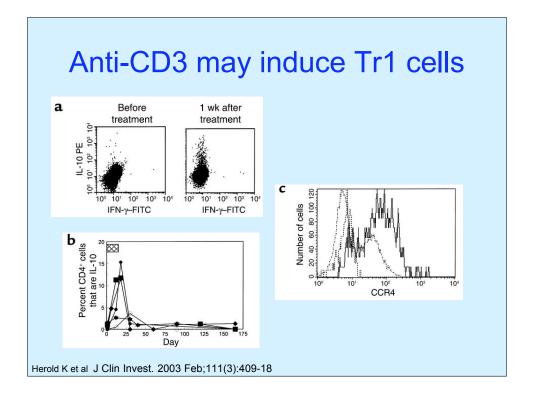
Tr1 cells

- Induced in the periphery by antigen exposure of naïve T cells in the presence of IL-10
- · Cytokine profile is
 - high IL-10, TGF- β , IL5
 - low IFN- γ , IL-2
 - no IL-4
- Can be CD4 or CD8
- Proliferate poorly
- Migrate to inflamed tissues
- · Immune suppression through cytokines, not contact
- IL-10 polymorphisms that alter transcription are associated with autoimmunity



- Because they migrate to inflamed sites they can modulate responses to infectious agents, allergens and transplant antigens
- Can be induced *in vivo* by IL-10 in combination with the immune suppressant, rapamycin

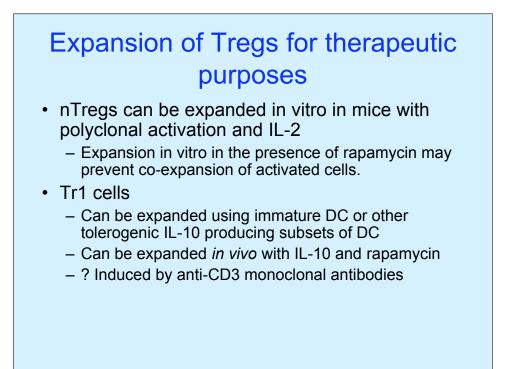


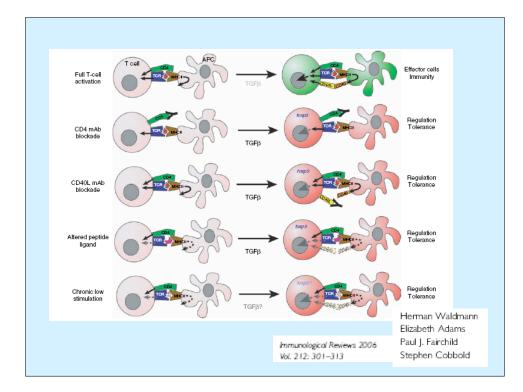


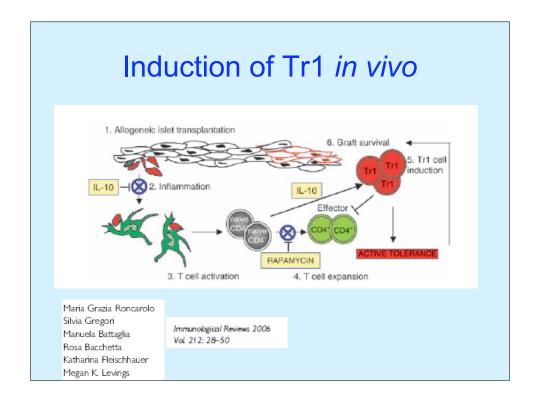
Treg and the gut

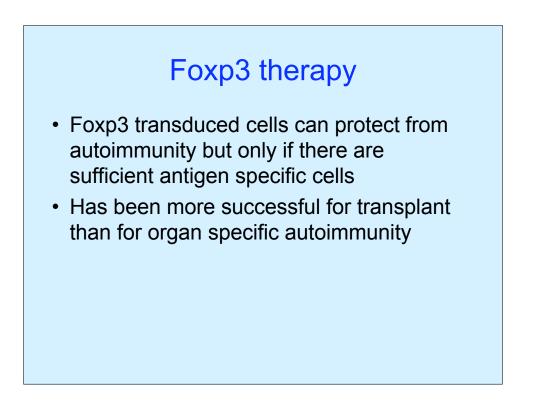
- The GI tract is the main interface where the body encounters exogenous antigens including commensual organisms and dietary antigens
- Loss of tolerance leads to autoimmune bowel disease (e.g., celiac disease or colitis)
- · Colitis does not occur in germ free animals
- Colitis is a prominent feature of diseases that involve loss of Tregs or Treg producing cytokines

Can regulatory T cells be harnessed for therapeutic purposes?









What signals favor Treg development?

- What determines thymic deletion vs. Treg development?
- May be a function of the type of APC
- Costimulatory molecules and cytokines required for Treg development are also needed for activation of effector cells
- Solving these puzzles will help lead the way to therapeutic interventions

