

What is a T cell and why do I care?

A type of white blood cell that is of key importance to the immune system and is at the core of adaptive immunity, the system that tailors the body's immune response to specific pathogens

 Cells involved in innate immunity (neutrophils & macrophages) can recognize only a limited number of pathogens that share common surface markers (non-adapting). Cannot adequately defend against viral pathogens.

Innate: One cell for multiple pathogens (one size fits all)

 Cells that mediate adaptive immunity (B & T cells) can recognize a significant and diverse number of pathogens due to the ability to recognize an infinite number surface markers on microorganisms (custom fit).
 Specific subsets of T cells can:
 Directly kill cells infected by pathogens (viruses)
 Regulate B cells function (antibody production)
 Regulate the extent of the immune response

Adaptive: One specific T cell for each pathogen (individual fit)















How do we know the thymus is important?

Digeorge syndrome (abnormality in the development of the 3rd & 4th pouch/arch)

> Primary immunodeficiency disease (variable penetrance) caused by abnormal thymic development (low T cell numbers)

Affects 1/4000 newborns

>90% associated with small deletion in chromosome 22 (22q11.2)

> Increased susceptibility to infections caused by organisms typically associated with T-cell dysfunction is observed. These include systemic fungal infections, Pneumocystis jiroveci (previously Pneumocystis carinii) infection, and disseminated viral infections





Cellular composition

Thymic epithelial cells

- express high density of MHC class I and II associated peptides.
 role in positive (cortical epith. cells) and negative selection
- (medullary epith. cells).
- chemoattractant production for thymocyte migration.

Thymic dendritic cells and macrophages

-mainly found in the medulla. - role in negative selection.







What causes the TCR complex to generate an intracellular signal ?

T cell receptor must engage the correct peptide: MHC complex in order <u>for signal transdu</u>ction to occur

Possible mechanisms of activation



TCR interactions with self peptide:MHC complex results in conformational changes in cytoplasmic domain, which permits modification by cytoplasmic enzymes

TCR interactions with self peptide:MHC complex results in TCR receptor clustering, augmenting signal transduction



Relationship between TCR (CD3), co-receptors (CD4 and CD8) and MHC





Major Thymocyte Subsets

CD4⁻CD8⁻ (Double Negative, DN) cells: 3-5% of total thymocytes.
 Contain least mature cells, considerable cell division.

2/3rds are triple negative (TN) based on TCR/CD3 expression.

• Rearrangement of TCR β chain gene and expression of a functional pre *TCR occurs*, an event essential for continuation of thymocyte development (checkpoint #1).

CD4⁺CD8⁺ (Double Positive, DP) cells: 85-90% of total thymocytes.

- TCR α gene rearrangement occurs and cells express both CD4 and CD8.
- Majority undergo cell death (>90%) because they cannot recognize MHC.
- > Stage in which negative and positive selection occurs, an event critical for

deletion of autoreactive T cells and MHC restriction (checkpoint #2).

CD4⁺ or CD8⁺ (Single positive, SP) cells: 5-10% of total thymocytes.

- Most are mature cells with high levels of CD3 and TCR $\alpha\beta$.
- Ratio of CD4 to CD8 SP cells approx. 2:1
- Most SP cells are functionally mature and are destined to leave the thymus.



TCR β gene rearrangement and generation of a functional preTCR $\alpha\beta$ / CD3 complex (β -selection)

<u>TCR β gene rearrangement precedes TCR α .</u>

begins at the DN3 developmental stage.

regulated by transcription activators / repressors (Engel & Murre. Nat. Imm 2001).

involves the recombination activating genes (RAG).

 $\label{eq:alpha} \mbox{only a functional β-chain protein can pair with a constitutively expressed preTCR$$\alpha$ chain, resulting in a preTCR$$$\alpha$$$/CD3 complex that spontaneously signals. PreTCR$$$$$ prevents cell death, and promotes cell proliferation and differentiation.}$

If no preTCR signaling - DEATH



Omenn's Syndrome

Omenn's Syndrome is a rare, inherited disorder (AR) of the immune system that belongs to a family of similar immune deficiencies known as SCID, or Severe Combined immunodeficiency. SOME CASES CAUSED BY A LACK OF RAGS. Specifically affects three types of cells in our immune system: B lymphocytes, T lymphocytes and natural killer cells. Each of these cells plays an important role in fighting infection. Omenn Syndrome is the type of SCID that only affects B and T lymphocytes. Natural killer cells are normal in number and function. FATAL WITHIN THE FEW FIRST MONTHS OF LIFE.







chains that form the CD3 complex. DOES NOT RELY ON INTERACTIONS WITH MHC!

▶ These molecules form a nucleation center for recruitment of several signaling molecules as a result of phosphorylation of tryosine residues contained within immunoreceptor tyrosine based activation motifs (ITAMS - $YXX(L/V)X_{6-9}YXX(L/V)$).





















Adaptor molecules

(Koretzky and Myung. Nat. Rev. Imm. 2001)

LAT (Linker for Activation of T cells)

Phosphorylated by ZAP-70

> Provides multiple docking sites for SH2-containing signaling molecules and adaptors, targeting them to the plasma membrane (GADs, SLP-76, Grb2, PLC γ 1, PI3K)

> Genetic deletion in mice results blockade of thymocyte development at the DN3 stage (Zhang et al. Immunity 1999).

SLP76 (SH2-domain containing leukocyte-specific phosphoprotein)

Phosphorylated by ZAP-70

> Contains an SH2-domain for interactions with phospho-tyrosines and a proline rich region that serves as a docking site for SH3-domain containing proteins such as Gads

> Genetic deletion in mice results blockade of thymocyte development at the DN3 stage (Clements et al. Science 1998).











CHECKPOINT #2: Positive and Negative Selection mediated by the mature TCR $\alpha\beta$ receptor

Purpose: To ensure that:

- alpha-chain is functionally rearranged (preTCR downregulated).
- MatureTCR is self-MHC restricted.
- MatureTCR is NOT auto-reactive.

Consequences:

- Maturation of thymocyte to functionally competent SP CD4 or CD8 T cell.
- Establishes a self-MHC restricted, non-autoreactive TCR repertoire with appropriately matched co-receptors and functional potential.



Is there a time limit to this process? > Yes, DP only live 3-4 days as this subset is exquisitely sensitive to apoptotic stimuli due to down regulation of specific survival pathways.



MHC deficiencies (Bare lymphocyte syndromes)

> Rare autosomal recessive disorder that represents one form of severe combined immunodeficiency syndrome (SCIDS)

- > Type I lack MHC class I molecules
 - lack of positive selection for CD8 T cells
 - low C8 T cells numbers
 - repeated infections of sinuses, middle ear, lungs
 - normal humoral immunity but prone to necrotizing
 - skin lesions by activated NK cells
- Type II lack MHC class II molecules
 - lack of positive selection for CD4 T cells
 - low CD4 T cell numbers
 - severe defect in both cellular and humoral immunity
 - repeated and life threatening infections
 - (viral, bacterial, fungal)





