Anti-Mitochondrial Antibodies and Primary Biliary Cirrhosis in TGF-β Receptor II Dominant-Negative Mice

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Anti-Mitochondrial Antibodies and Primary Biliary Cirrhosis in TGF-β Receptor II Dominant-Negative Mice

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Primary biliary cirrhosis (PBC) is an autoimmune disease of the liver, characterized by lymphocytic infiltrates in portal tracts, selective destruction of biliary epithelial cells, and anti-mitochondrial Abs (AMAs). The elucidation of early events in the induction of tissue inflammation and autoimmunity in PBC has been hampered by the cryptic onset of the disease, the practical limitations in accessing the target tissue, and the lack of a suitable animal model. We demonstrate in this study that a mouse transgenic for directed expression of a dominant-negative form of TGF-β receptor type II (dnTGFβRII), under the direction of the CD4 promoter, mimics several key phenotypic features of human PBC, including spontaneous production of AMAs directed to the same mitochondrial autoantigens, namely PDC-E2, BCOADC-E2, and OGDC-E2. The murine AMAs also inhibit PDC-E2 activity. Moreover, there is lymphocytic liver infiltration with periportal inflammation analogous to the histological profile in human PBC. Additionally, the serum cytokine profile of affected mice mimics data in human PBC. The concomitant presence of these immunopathological features in the transgenic mice suggests that the TGF-βRII pathway is implicated in the pathogenesis of PBC. Finally, these data point away from initiation of autoimmunity by mechanisms such as molecular mimicry and more toward activation of an intrinsically self-reactive T cell repertoire in which necessary regulatory T cell influences are lacking. The Journal of Immunology, 2006, 177: 1655–1660.

The Journal of Immunology
Materials and Methods

**Dominant-negative (dn) TGFβRII mice**

dnTGFβRII mice were originally developed by R. A. Flavell (6). The dnTGFβRII mice were bred onto the C57BL/6 background (The Jackson Laboratory) at the University of California animal facility (Davis, CA). Nineteen dnTGFβRII mice and 17 control littermates were used for the described experiments. dnTGFβRII and wild-type littermates were fed with the sterile rodent *Helicobacter* Medicated Dosing System (three-drug combination) diets (Bio-Serv) and maintained in individually ventilated cages under specific pathogen-free condition. dnTGFβRII mice were generated by backcrossing female B6 Rag1−/− mice by male dnTGFβRII mice. The resulting F2 generation was genotyped and selected for dnTGFβRII Rag1−/− mice. All studies were performed with approval from the University of California Animal Care and Use Committee.

**Production of recombinant mouse mitochondrial proteins**

cDNA encoding the full-length protein of mouse OGDc-E2 and BCOADC-E2, as well as amino acids 1–391 of PDC-E2, which includes the inner lipoyl domain on this protein, were generated with standard reverse transcription and PCR, using total RNA isolated from mouse liver. The PDC-E2 cDNA was engineered into the Escherichia coli expression vector pCAL-n-Flag (Stratagene) with a 6×His purification tag on the C terminus of the partial protein. The OGDc-E2 and BCOADC-E2 cDNA were engineered into the E. coli expression vector pET32a. The recombinant proteins were expressed in *E. coli* Rosetta-gami 2(DE3) (Novagen). The expressed His-tagged fusion proteins were purified with Ni-NTA affinity chromatography (Qiagen) under denaturing conditions.

**ELISA and immunoblotting for AMA**

Ninety-six-well ELISA plates (Nunc) were coated overnight with 100 μl of rAMA Ags (PDC-E2, BCOADC-E2, OGDc-E2) at a concentration of 10 μg/ml. A reference standard was composed of pooled AMA-positive mouse sera, used to construct a standard curve by serial dilutions of the reference serum and an ELISA performed as described (10). Plates were read at 450 nm. Threshold values are set by mean controls. For immunoblotting, dnTGFβRII Rag1−/− mice were generated by backcrossing female B6 Rag1−/− female to male dnTGFβRII mice. The resulting F2 generation was genotyped and selected for dnTGFβRII Rag1−/− mice. All studies were performed with approval from the University of California Animal Care and Use Committee.

**Inhibition of pyruvate dehydrogenase (PDC) enzyme activity**

A predetermined serum dilution (1/100) was incubated with PDC (Sigma-Aldrich) for 10 min at room temperature. The solution was then added to a PDC reaction mixture containing 5 mM sodium pyruvate, 2.5 mM NAD+, 0.2 mM thiamine pyrophosphate, 0.1 mM coenzyme A, 0.3 mM DTT, 1 mM magnesium chloride, 50 mM potassium phosphate buffer (pH 8.0). UV absorbance change per minute at 340 nm was monitored for 5 min. Enzyme activity measurements without addition of serum were run in parallel to define 100% activity. Enzyme inhibition activity was assayed in parallel on sera from dnTGFβRII mice, B6 mice, patients with PBC and negative human controls.

**Liver tissue preparation**

dnTGFβRII and control mice were sacrificed at age 24–28 wk. Whole liver tissue was explanted and immediately fixed with a 1:1 solution of formalin (18.75%) and methanol (100%) for 1 to 2 hr at room temperature. Paraffin-embedded tissue sections were then cut into 5-μm slices for routine hematoxylin (DakoCyto) and eosin (American Master Tech Scientific) staining.

**Immunohistochemistry**

Abs against cell markers, including CD4 (1/200 dilution), CD8 (1/2000), CD19 (1/50; all obtained from eBioscience), pDC1A (1/200; Miltenyi Biotech), and myeloperoxidase (MPO; 1/10; Cell Sciences) were used for immunohistochemical staining of the portal tract infiltrates. Anti-cytoketarin 7 (1/10; Research Diagnostics) was used to identify the detected reactivity was a true autoimmune response, directed also against the rodent enzymes as well as to recombinant human PDC-E2, BCOADC-E2, and OGDc-E2. Hence, all three murine genes were cloned and expressed as recombinant proteins. The cloned proteins encompassed the entire length of the native protein for BCOADC-E2 and OGDc-E2. For PDC-E2 a partial protein was produced that included the major epitope sequence of the inner lipoyl domain. AMA reactivity in mice was demonstrated by ELISA (Fig. 1A), immunoblot and immunofluorescence (data not shown) at all time points examined starting at 4 wk of age. Transgenic mice displayed an increase in reactivity toward all tested Ags over time. By weeks 22–24, 100, 95, and 68% of the mice sera samples were positive for Abs against PDC-E2, OGDc, and BCOADC, respectively. The mean titers for anti-PDC-E2, anti-OGDc-E2, and anti-BCOADC-E2 were all significantly higher for weeks 22–24 than weeks 4–10.
damage (Fig. 2, was detected within the portal tracts in association with bile duct mal B6 littermates. Moderate to severe lymphoid cell infiltration controls (there was no comparable reactivity of sera from the B6 littermate murine PDC-E2 enzyme activity (median, 50.5%

of lymphocytic infiltration associated with selective small bile duct destruction, eventually leading to cirrhosis (11). The severity and temporal progression vary widely among patients and do not correlate with AMA titers (12). The liver of 6- to 7-mo-old dnTGFβRII mice was examined and compared with livers of normal B6 littermates. Moderate to severe lymphoid cell infiltration was detected within the portal tracts in association with bile duct damage (Fig. 2, A–C), occurring only in the dnTGFβRII mice, and mirroring what is characteristically seen in PBC. Direct bile duct destruction was determined by the detection of scattered cytokeratin 7-positive cells in the portal infiltrates (Fig. 2D). Moreover, in liver tissues from some of the mice, biliary cell destruction was sufficiently advanced that identification of an intact bile duct structure was impossible; yet another feature similar to that seen in advanced human PBC (Fig. 2B).

Immunohistochemical analysis demonstrated that the infiltrate included varying numbers of CD4+ and CD8+ lymphocytes (Fig. 2, E and F), B lymphocytes (CD19+) (Fig. 2G) and NK cells (DX5+) (Fig. 2I). Additionally monocytes/macrophages (MPO+ F4/80+), characteristically present in liver tissues of PBC patients, could also be identified in the affected portal tracts of the dnTGFβRII mice, but not in control littersmates (Fig. 2K). A particular feature seen in human PBC is the presence of infiltrating eosinophils and granulomas in portal tracts, but these were not evident in the livers of the transgenic mice.

**Lymphocytic infiltrate in the liver are represented by CD4+ and CD8+ lymphocytes**

The lymphocytic infiltrate detected in the liver of patients with PBC comprises both CD4+ and CD8+ lymphocytes (13) and, additionally, there is a relative increase in the resident NKT cell population compared with healthy controls (14). We analyzed the composition of the intrahepatic lymphoid cell population within the liver of transgenic mice and control littersmates to establish quantitative and qualitative differences. In the liver, both the total number of CD3+ lymphocytes (Table I) and the percentage of CD3+ cells among the total lymphoid cell infiltrate (Fig. 3A) were significantly increased in the transgenic mice. Although the total number of intrahepatic CD4+ lymphocytes was enlarged (Table I), the percentage of CD4+ cells in the CD3+ population did not increase (Fig. 3C). In contrast, the CD8+ population was significantly amplified (p < 0.05) in total number (Table I) as well as percentage in the CD3+ population compared with controls (Fig. 3C). These features resulted in a change in the ratio of CD4 to CD8 T cells biased toward the CD8+ population (Table I). This finding is particularly interesting, considering previous reports of an increase in precursors of CTLs in the blood of patients in the early stages of PBC vs advanced stages and the 10-fold increase of autoantigen-specific CTLs within the liver as compared with the circulating pool, reported in the same study (4). In addition, the transgenic mice showed a marked increase in the number of
intrahepatic NKT cell population, resembling the increase described in human PBC (14); although the percentage of NKT cells in intrahepatic lymphocytes did not increase in the mouse model (Fig. 3E). Interestingly, this increase was associated with a decrease of the NKT cell population within the spleen of the transgenic mice (Fig. 3F, Table I).

Similar analyses were conducted for lymphocyte populations in the spleen, which also showed a significant change in CD4−/CD8+ ratio in the transgenic mice (Table I).

Cytokine profiles of dnTGFβRII mice

A transcriptional up-regulation of IFN-γ, TNF-α, and IL-6 within biliary epithelial cells, associated with up-regulation of their co-stimulatory receptors, has been demonstrated in PBC (7, 8). We thus analyzed the serum levels of these and various other cytokines in dnTGFβRII mice and B6 littermates of different ages. The levels of IFN-γ and TNF-α in the older transgenic mice were lower than those in younger mice, while those of IL-6 and IL-12p40 did not decline with age.

Absence of disease in dnTGFβRIIRag1−/− mice
dnTGFβRIIRag1−/− mice were observed for 6 mo. No AMAs could be detected in the serum and, more importantly, the liver histology appeared normal and similar to wild-type B6 controls (data not shown).

Discussion

The murine model of PBC described herein, based on a deficiency in a pathway involved in peripheral tolerance, generates a new pathogenetic scenario for autoimmunity that differs from the loss

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*, p < 0.05; **, p < 0.01, compared with Tg.
of tolerance resulting from molecular mimicry or chemical modifications of a native epitope. The selective deficiency of the TGF-βR-signaling pathway exclusively in T lymphocytes accounts for the impairment of a system essential to peripheral tolerance. Circulating Treg cells depend on TGF-β for their regulatory activity, thus allowing the emergence of tissue-specific autoreactive effector T cells if impaired. To assess whether the liver pathology in dnTGFβRII mice was due to an immune response or a TGF-β-mediated lesion in the biliary target tissue, we generated dnTGFβRIIRag1-/- mice. As discussed above, there was no evidence of liver pathology in these mice. This new colony represents a valuable tool for use in adoptive transfer and consequent focus on effector mechanisms. Such experiments are ongoing and are preferable to the use of anti-CD4- or anti-CD8-treated animals due to the pleiotropic sites of action of these depleting Abs. Cell transfer will allow not only dissection of the effector mechanism, but also the critical question of specific donor cell age requirements. Additional future work will also be directed at the role of bacterial flora. A number of T cell-depleted animal models of inflammatory bowel disease demonstrate reduction in their bowel pathology in a germfree environment. Therefore, the specific contribution of bacterial flora to disease development in this model should be addressed because PBC is frequently used as an example of molecular mimicry (16).

At a systemic level, TGF-β appears as an essential modulator of Foxp3 expression by Treg cells (17), conditioning their suppressive ability in the periphery. Recent studies from our group have identified selective defects in the circulating Treg population of patients with PBC as compared with healthy controls (18). In addition, it is reported that the population of CD4+CD25+ lymphocytes that coexpress Foxp3 and TGF-β decreases with age, specifically in female NOD mice, modifying both the degree of lymph node localization and target tissue infiltration (19). These results, unique to females, are of specific interest to PBC, considering also that the primary activation site of CD8+ T cells, whether in the regional lymph nodes or liver, appears to be fundamental for the predominance of immunity over tolerance (20). Interestingly, TGF-β selectively targets circulating Treg cells and not thymic precursors. Nonetheless, the expression of CD4 by dendritic cells within the murine thymus (21) could modify the responsiveness of these cells to TGF-β, altering their maturation and potentially accounting for a defect in negative selection of the intrathymic T cells. These features appear of particular importance given the recent description of autoimmune cholangitis in a congenic strain of

\[ \text{FIGURE 3.} \quad \text{Lymphoid cells isolated from liver and spleen were stained with fluorochrome-conjugated mAbs and analyzed by flow cytometry. A and B, Frequency of CD3+ lymphocytes in total lymphocyte population. C and D, The percentage of CD4+ and CD8+ cells in total CD3+ population. E and F, The percentage of CD1d tetramer+ NKT cells in total lymphocyte population.} \]
NOD mice, with features very similar to those of human PBC (22). The most interesting connection between the two models concerns the role of TGF-β. The genetic locus of autoimmune biliary disease in the NOD.c3c4 model appears within the abd locus. A candidate molecule within that region is Cdkn2b, which is induced by TGF-β and is a possible mediator of TGF-β cell cycle arrest (23). If the B6 variant of Cdkn2b mediates a decreased TGF-β response in NOD.c3c4 mice, it might provide a mechanistic connection between the NOD.c3c4 and dnTGF-βRII models of PBC.

Considering the striking similarities of the murine cholangitis model described herein to human PBC, and its potential contribution to the analysis of novel pathways involved in pathogenesis, we need to footnote that this model does have some clear differences from human PBC. First, we could not detect the female bias characteristic of PBC within our population of affected animals; second, the consistent increase of circulating IgM is not shared by human PBC. First, we could not detect the female bias characteristic of PBC within our population of affected animals; second, the consistent increase of circulating IgM is not shared by human PBC. First, we could not detect the female bias characteristic of PBC within our population of affected animals; second, the consistent increase of circulating IgM is not shared by human PBC. First, we could not detect the female bias characteristic of PBC within our population of affected animals; second, the consistent increase of circulating IgM is not shared by human PBC. First, we could not detect the female bias characteristic of PBC within our population of affected animals; second, the consistent increase of circulating IgM is not shared by human PBC.

In conclusion, we describe herein a murine model in which immunoregulatory defects within the lymphocytic and phagocytic components of the immune system, potentially in association with a particular vulnerability of the biliary ductular target tissue, initiate an autoimmune response resembling that seen in PBC. This model, and the newly described NOD.c3c4 model, both facilitate analysis of causal events and help define the essential steps necessary to biliary disease.

Acknowledgments

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Disclosures

The authors have no financial conflict of interest.

References


