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*J Immunol* 2014; 192:1433-1439; Prepublished online 8 January 2014; doi: 10.4049/jimmunol.1302139 http://www.jimmunol.org/content/192/4/1433

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http://www.jimmunol.org/content/suppl/2014/01/07/jimmunol.1302139.DCSupplemental

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Autoimmune Vitiligo Does Not Require the Ongoing Priming of Naive CD8 T Cells for Disease Progression or Associated Protection against Melanoma

Katelyn T. Byrne, Peisheng Zhang, Shannon M. Steinberg, and Mary Jo Turk

Vitiligo is a CD8 T cell–mediated autoimmune disease that has been shown to promote the longevity of memory T cell responses to melanoma. However, mechanisms whereby melanocyte/melanoma Ag-specific T cell responses are perpetuated in the context of vitiligo are not well understood. These studies investigate the possible phenomenon of naive T cell priming in hosts with melanoma-initiated, self-perpetuating, autoimmune vitiligo. Using naive pmel (gp10025–33–specific) transgenic CD8 T cells, we demonstrate that autoimmune melanocyte destruction induces naive T cell proliferation in skin-draining lymph nodes, in an Ag-dependent fashion. These pmel T cells upregulate expression of CD44, P-selectin ligand, and granzyme B. However, they do not downregulate CD62L, nor do they acquire the ability to produce IFN-γ, indicating a lack of functional priming. Accordingly, adult thymectomized mice exhibit no reduction in the severity or kinetics of depigmentation or long-lived protection against melanoma, indicating that the continual priming of naive T cells is not required for vitiligo or its associated antitumor immunity. Despite this, depletion of CD4 T cells during the course of vitiligo rescues the priming of naive pmel T cells that are capable of producing IFN-γ and persisting as memory, suggesting an ongoing and dominant mechanism of suppression by regulatory T cells. This work reveals the complex regulation of self-reactive CD8 T cells in vitiligo and demonstrates the overall poorly immunogenic nature of this autoimmune disease setting. The Journal of Immunology, 2014, 192: 1433–1439.

The online version of this article contains supplemental material.

Department of Microbiology and Immunology, Geisel School of Medicine at Dartmouth, Hanover, NH 03755; and Norris Cotton Cancer Center, Dartmouth-Hitchcock Medical Center, Lebanon, NH 03756.

Received for publication August 9, 2013. Accepted for publication December 4, 2013.

This work was supported by the National Institutes of Health (Grant R01 CA120777-06 to M.J.T.; Grant T32 AI07363 to K.T.B.; Grant T32 GM00874 to S.M.S.), the American Cancer Society (Grant ACS RSG LIB-121864 to M.J.T.), the Dartmouth Immunology Program (to K.T.B.), and the Joanne M. Nicolay Melanoma Foundation (to K.T.B.).

Address correspondence and reprint requests to Dr. Mary Jo Turk, Geisel School of Medicine at Dartmouth, 1 Medical Center Drive, Rubin Building 732, Lebanon, NH 03766. E-mail address: maryjo.turk@dartmouth.edu

The online version of this article contains supplemental material.

Abbreviations used in this article: i.d., intradermally; Treg, regulatory T cell.

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www.jimmunol.org/cgi/doi/10.4049/jimmunol.1302139
VITILIGO DOES NOT INDUCE NAIVE CD8 T CELL PRIMING

Materials and Methods

**Mice and tumor lines**

Animal studies were reviewed and approved by the Dartmouth Institutional Animal Care and Use Committee. All animal studies were in compliance with the U.S. Department of Health and Human Services Guide for the Care and Use of Laboratory Animals. Male and female mice were used at 6–12 wk of age. C57BL/6 mice (5–6 wk old) were obtained from Charles River Laboratories or The Jackson Laboratory. Pmel mice expressing a transgenic TCR specific for gp10025–33 (a melanocyte differentiation Ag found in melanomas) in the context of H-2Kb (18), on a congenic Thy1.1+ background, were originally a gift from Nicholas Restifo (National Cancer Institute). Pmel mice were bred onto a congenic Ly5.2+ background. Homozygous C57BL/6-W-sh (Wsh) mice, which lack melanocytes (5), were purchased from The Jackson Laboratory and bred in-house. C57BL/6 thyrotoxic mice had surgical excision of the thymus performed at 6 wk of age, at The Jackson Laboratory, and were then shipped to Dartmouth together with age-matched control C57BL/6 mice.

The B16-F10 (B16) mouse melanoma cell line was originally obtained from Isaiah Fidler (MD Anderson Cancer Center) and passaged intradermally (i.d.) in C57BL/6 mice seven times to ensure reproducible growth before use in these studies. Cell lines were tested by the Infectious Microbe PCR Amplification Test (IMPACT) and authenticated by the Research and Diagnostics Laboratory at the University of Missouri. Melanoma cells were cultured in RPMI 1640 containing 7.5% FBS, harvested by brief trypsinization, and inoculated into mice i.d. Cells were used only if viability exceeded 96% upon harvest.

**mAbs and peptides**

Ab-producing hybridoma cell lines were obtained from American Type Culture Collection. Depleting anti-CD4 (clone GK1.5) was produced as bioreactor supernatant and administered in doses of 250 µg i.p. More than 98% depletion of target T cell populations was confirmed by flow cytometry. Peptides (>80% purity) were obtained from New England Peptide: gp10025–33 (EGRNRQDWL) and OVA257–264 (SIINFEKL).

**Induction of vitiligo**

C57BL/6 mice were inoculated i.d. with 1.2 × 10^5 B16 cells on day 0 and then treated with anti-CD4 mAb i.p. on days 4 and 10, as previously described (17, 19) and outlined in Fig. 1A. Only mice that developed primary tumors (>95%) were used. Primary tumors were surgically excised from skin, with negative boundaries, on day 12. Spontaneous tumor metastases were not observed with this B16 subline, and mice with recurrent primary tumors after surgery (<5%) were removed from the study. After surgery, mice were monitored weekly for signs of overt vitiligo, defined as distinct patches of white hair growth (Supplemental Fig. 1). As we have previously reported, ~60% of mice develop melanoma-associated vitiligo within ~30 d after surgery, and the remaining ~40% maintain a virtually unaffected appearance (5). Depigmentation was designated “local” if it was confined to the right flank from which the primary tumor had been excised (Supplemental Fig. 1), or “disseminated” if it was observed in sites beyond the right flank.

**Adoptive transfer and monitoring of pmel and OT-I T cells**

Congenically marked C57 T cells were isolated from combined lymph nodes and spleens of 6- to 8-wk-old, naive, Thy1.1+ or Ly5.2+ pmel mice, or Ly5.2+ OT-I mice. Naive cells were isolated by magnetic purification (Miltenyi Biotec) involving anti–CD44-PE negative selection, followed by anti-CD8 positive selection. In proliferation experiments, cells were first cultured in RPMI 1640 containing 7.5% FBS, harvested by brief trypsinization, and inoculated into mice i.d. Cells were used only if viability exceeded 96% upon harvest.

**Statistical analyses**

Statistical differences between groups analyzed by flow cytometry were determined by unpaired, Student’s t test. A paired Student’s t test was used for comparison between relevant and irrelevant peptide-specific responses in the intracellular cytokine staining analysis. For experiments involving a comparison between three or more distinct groups, a one-way ANOVA, with Bonferroni posttests was used. Data were considered significant if p < 0.05. Statistical differences in tumor-free survival and vitiligo incidence were determined by log-rank analysis of Kaplan–Meier data, pooled over strata.

**Results**

Melanocyte Ag drives the proliferation of naive CD8 T cells in hosts with autoimmune vitiligo

To determine whether autoimmune melanocyte destruction was capable of initiating priming of self-Ag–specific CD8 T cells, the behavior of naive transgenic T cells specific for gp10025–33 (pmel cells) was assessed in mice with melanoma-initiated vitiligo. CD8 T cell–mediated vitiligo was induced by B16 tumor inoculation, followed by treatment with anti-CD4 to eliminate Treg and surgery to remove established tumors, as we have previously published (5, 17) (Fig. 1A). Seventy-five days after surgery, mice were segregated into overtly vitiligo-affected and unaffected groups as described in Materials and Methods (Supplemental Fig. 1). These mice were then adoptively transferred with 10⁶ naive (CD44+ sorted) pmel cells that had been labeled with CFSE (Fig. 1A). Ten days after adoptive transfer, pmel cells were identified in skin-draining (inguinal) lymph nodes by expression of the congenic marker Thy1.1. Indeed, pmel cells transferred into vitiligo-affected hosts underwent several rounds of division, with a significantly larger
population of pmel cells dividing in vitiligo-affected mice as compared with untreated (naive) control mice, identically treated mice that never developed vitiligo (unaffected), or identically treated Wsh mice that lack melanocytes (Fig. 1C). Proliferation was similar regardless of whether pmel cells were transferred 30, 60, or 75 d after surgery (Fig. 1C). Thus, T cell proliferation required the presence of both host melanocytes and progressive autoimmune disease.

Accumulation of proliferating pmel cells was also determined at the indicated time points after surgery, and flow was performed on LNs 10 d after each transfer; gating strategy as shown in (C). Mice were treated as in (B) and gated on CD8+ cells to determine the proportion of Ly5.2+ pmel cells. (E) Mice were treated as in (B), and responses were analyzed 10 d later in spleen; gated on CD8+Ly5.2+ cells. (F) Mice were treated as in (B) but received Ly5.2+ OT-1 cells instead of pmel cells; gated on CD8+Ly5.2+ cells. Histograms depict representative data, symbols represent individual mice, and horizontal lines depict averages. Data are representative of three to five repeat experiments, each with three to six mice/group. Statistical significance was determined by one-way ANOVA with Bonferroni posttest; *p < 0.05, **p < 0.01, ***p < 0.001.

Progressive vitiligo does not initiate the priming of functional melanocyte-specific CD8 T cells

We next assessed the phenotype of pmel cells in lymph nodes of vitiligo-affected mice to determine the extent of functional priming. Ten days after adoptive transfer, ~40% of pmel cells in vitiligo-affected hosts had acquired an Ag-experienced CD44hi phenotype (Fig. 1C). Proliferation was similar regardless of whether pmel cells were transferred 30, 60, or 75 d after surgery (Fig. 1C). Thus, T cell proliferation required the presence of both host melanocytes and progressive autoimmune disease.

Autoimmunity is associated with the liberation of self-Ags, but also with nonspecific inflammation and cytokine release. To determine whether T cell proliferation was melanocyte Ag-specific, we adoptively transferred vitiligo-affected mice with naive, Ag-irrelevant OT-I cells. OT-I cells did not proliferate to a significant extent in vitiligo-affected hosts, having a CFSE profile that was indistinguishable from that of OT-I cells transferred into naive hosts (Fig. 1F). Indeed, the proliferation of OT-I cells was similar in all groups of hosts, regardless of vitiligo status (Fig. 1F). This indicated that the inflammatory environment associated with autoimmune vitiligo was insufficient to drive T cell proliferation. Thus, naive CD8 T cells were driven to proliferate in vitiligo-affected mice specifically as a result of exposure to melanocyte Ags.
marker P-selectin ligand, with levels equivalent to that of recently activated effector pmel cells (Fig. 2C). Despite this, CD25 was not significantly upregulated, nor was CD62L significantly downregulated on these cells (Fig. 2D). CD69 was upregulated by a proportion of CD44^hi pmel cells from vitiligo-affected mice, although this was equivalent to CD69 upregulation in pmel cells taken from naive hosts, indicating no enhancement by vitiligo (Fig. 2D).

To discern the functional status of Ag-experienced pmel cells in vitiligo-affected mice, we assessed granzyme B and IFN-γ production. Whereas a significant proportion of CD44^hi pmel cells produced granzyme B (Fig. 2E), IFN-γ production was completely absent from this population (Fig. 2F). Thus, the destruction of melanocytes in mice with vitiligo was a poorly immunogenic process, which was incapable of priming new effectors from the naive repertoire.

**FIGURE 2.** Pmel cells transferred into mice with vitiligo become partially activated but do not acquire full effector function. (A) Mice were treated as depicted in Fig. 1A, and received 10⁶ naive Ly5.2^+ pmel cells 75 d after surgery. Ten days later, the proportion of CD44^hi cells among live CD8^+Ly5.2^+ cells was determined in inguinal lymph nodes. Data are representative of five to eight experiments with three to five mice per group. (B) Pmel cells were transferred into vitiligo-affected mice at indicated time points after surgery, or into naive mice, and the proportion of CD44^hi pmel cells among live CD8^+ Ly5.2^+ cells in lymph nodes was determined 10 d after each transfer. (C–F) Naive hosts, or vitiligo-affected hosts treated as depicted in Fig. 1A, were each adoptively transferred with 10⁶ naive Thy1.1^+ pmel cells (see Materials and Methods for description of positive controls). Ten days after transfer, the proportion of (C) P-selectin ligand^+ or (D) CD25^+, CD62L^low, or CD69^+ cells among CD8^+CD44^hi Thy1.1^+ cells in the inguinal lymph nodes was determined. Data are representative of two to four experiments, with three to five mice per group. (E) The proportion of granzyme B^+ cells among CD8^+ CD44^hi^Thy1.1^+ (pmel) after cells were fixed and permeabilized; gating was set using the naive CD8 T cell population (CD8^+CD44^lowThy1.1^2), such that <1% of events was positive. (F) Lymph nodes were restimulated ex vivo for 5 h with irrelevant peptide (OVA) or cognate peptide (gp100) in the presence of brefeldin A; gated on CD8^+Thy1.1^+CD44^hi pmel cells. Data are representative of three experiments, with three to six mice/group. Symbols represent individual mice, and horizontal lines depict averages. Statistical significance was determined by paired t test to irrelevant control within same host, or unpaired t test as indicated by brackets, *p < 0.05, **p < 0.01, ***p < 0.001.
Vitiligo pathology and antimelanoma immunity do not require thymic output of naive T cells

Whereas gp100<sub>25,33</sub>-specific pmel cells did not undergo functional priming in mice with vitiligo, our published studies have shown that vitiligo-affected mice also maintain functional CD8 T cell responses to the melanocyte differentiation Ag TRP-2 (5, 17). At least a proportion of these TRP-2–specific cells are primed early during vitiligo initiation as a result of melanoma growth and T<sub>reg</sub> depletion (5, 17). Therefore it remained possible that naive CD8 T cells specific for TRP-2, and potentially other melanocyte Ags, are continually primed during vitiligo progression. Because of this, it was necessary to formally address the contribution of all newly primed effectors to vitiligo pathogenesis.

To eliminate the ongoing generation of naive T cells over the course of autoimmunity, we used adult thymectomy. Mice underwent thymectomy surgery and were then treated to initiate vitiligo as in Fig. 1A. Over the next 2 mo, vitiligo progression was followed. We found that the course of autoimmune vitiligo was unaltered in thymectomized mice, as compared with thymus-intact mice, with regard to kinetics (Fig. 3A) and intensity (Fig. 3B). Thus, a continual supply of naive T cells was not required for the progression of autoimmune vitiligo. This suggests that vitiligo is maintained by a population of long-lived memory T cells that are primed early during disease initiation, rather than continually during disease progression.

We also tested the capacity of thymectomized, vitiligo-affected mice to reject B16 challenge tumors inoculated 45 d after surgery. Indeed, thymectomized mice with vitiligo were significantly protected from melanoma rechallenge, with no significant reduction in tumor protection as compared with thymus-intact mice with vitiligo (Fig. 3C). Thus, long-lived antitumor immunity did not require a continual source of naive T cells. This is consistent with the present findings that naive melanocyte-specific T cells are not efficiently primed during vitiligo progression, and underscores the importance of long-lived T cell responses, rather than short-lived effectors, for both autoimmune and antitumor immunity.

Priming of functional CD8 T cells during vitiligo progression is rescued by the depletion of CD4 T cells

Our previous work has shown that anti-CD4 depleting Ab eliminates T<sub>reg</sub> in B16 melanoma tumor-bearing mice, thereby inducing the priming of naive pmel cells (19). These pmel cells attain full effector function and develop into long-lived memory (5, 17). Vitiligo subsequently develops in these mice, although T<sub>reg</sub> cells repopulate within the 2 wk after anti-CD4 treatment (16). Based on this, we speculated that repopulated T<sub>reg</sub> cells exert dominant suppression in mice with vitiligo, in which case another course of anti-CD4 treatment could restore the priming of naive pmel cells.

To test this, we adoptively transferred vitiligo-affected mice with naive pmel cells and then depleted them of CD4 T cells before assessing priming 10 d later (Fig. 4A). Indeed, CD4 T cell depletion significantly increased accumulation of pmel cells in lymph nodes of vitiligo-affected mice, but not naive mice (Fig. 4B). In contrast with pmel cells in CD4-intact mice, pmel cells in CD4-depleted mice were also capable of producing significant amounts of IFN-γ (Fig. 4C). Surprisingly, significant proportions of pmel cells were detected in lymph nodes of CD4-depleted mice with vitiligo as long as 30 d after adoptive transfer (Fig. 4D).

These T cells were capable of producing IFN-γ even at this late time point (Fig. 4E). Thus, in hosts with vitiligo, depletion of CD4 T cells rescues the priming of naive pmel cells that develop into functional memory.

Discussion

Although autoimmune disease has been extensively studied, much of the emphasis has been on understanding how autoreactive T cell responses are initiated (20–24). The effects of ongoing tissue destruction, and self-Ag liberation, on the naive CD8 T cell repertoire have remained largely unknown. In these studies, we used a model of melanoma-initiated, CD8 T cell–mediated vitiligo to define the effects of ongoing melanocyte destruction on naive Ag-specific CD8 T cells. We report that melanocyte destruction drives the proliferation of Ag-specific T cells in draining lymph nodes; however, vitiligo is insufficient for full functional priming of these cells. We also demonstrate that newly primed T cells are not required for optimal disease pathology or tumor rejection in mice with vitiligo. Thus, autoimmune melanocyte destruction is itself a poorly immunogenic process, which does not recruit new effector T cells to the ongoing response.

To our knowledge, this work is the first to address whether naive, self Ag-specific CD8 T cells become functional effectors during self-perpetuating CD8 T cell–mediated autoimmune disease. In our studies, transgenic pmel T cells were used to probe the immunogenicity of vitiligo but not to initiate disease. Similar questions have been addressed in mice expressing OVA as a self-Ag in the pancreas, using adoptively transferred pathogenic OT-1 T cells to initiate tissue destruction. In this setting, naive OT-1 cells proliferated and eventually underwent deletional tolerance.
which is consistent with our findings. However, in contrast with our studies, OT-1 cells acquired the ability to produce IFN-γ. Our observed lack of IFN-γ production by pmel cells could be because of the low-avidity nature of the pmel TCR, or the fact that pmel cells were transferred into vitiligo-affected mice during long-term disease progression, compared with OT-1 cells that were transferred during disease initiation. Despite this, our studies together support the broad conclusion that CD8 T cell–mediated self-tissue destruction is insufficient for the initiation of CD8 T cell priming.

The incompletely activated phenotype and functional state acquired by naive pmel cells in vitiligo-affected mice is similar to what has been reported for CD8 T cells recognizing self-Ag in the steady-state (i.e., in the absence of overt tissue destruction). In studies where HA-specific CD8 T cells were adoptively transferred into mice expressing HA as a self-Ag in the pancreas, HA-specific T cells proliferated in draining lymph nodes and upregulated CD44. However, these T cells only partially downregulated CD62L, did not produce IFN-γ, and eventually disappeared after several cycles of division. Several other groups have made similar findings using model self-Ags. Although we observed no such proliferation of naive pmel cells in response to normal melanocytes in the steady-state (in hosts lacking vitiligo), this may again reflect the low-avidity nature of the pmel TCR, which was originally generated in wild-type mice that express gp100 in the periphery. Our studies in vitiligo-affected mice show that, even in the presence of overt, ongoing autoimmunity, low-avidity self-reactive CD8 T cells still cannot overcome the threshold necessary for priming. Although our studies investigate CD8 T cell–mediated vitiligo induced by melanoma, in the future it would be interesting to determine whether these findings extend to other models of melanocyte destruction (e.g., vitiligo initiated by melanocytoxic chemicals, mAbs, or pathogenic CD4 T cells).

Despite our finding that naive pmel cells were not primed in hosts with vitiligo, the possibility remained that endogenous CD8 T cells with other melanocyte Ag specificities could become primed and contribute to vitiligo pathogenesis. Recruitment of naive CD8 T cells has been demonstrated during the course of certain chronic viral infections, and adult thymectomized mice have been used to demonstrate a critical role for these newly primed effectors in immunosurveillance. However, the present studies in thymectomized mice demonstrate no apparent role for newly primed effectors in autoimmune pathology or associated melanoma tumor protection, supporting the idea that the autoreactive cytotoxic CD8 T cell response is “self-limiting.” This finding also underscores that CD8 T cells primed during the initial phase of melanoma therapy (i.e., during B16 melanoma growth and anti-CD4 treatment; see Fig. 1A), are responsible for the long-term melanocyte destruction and antitumor immunity that we observe after tumor excision. Given that vitiligo is mediated by these long-lived T cells, it can be speculated that...
specifically depleting memory T cells would halt disease progression. Thus, these data in thymectomized mice support our previous finding that melanoma/melanocyte-specific memory CD8 T cells do not become functionally exhausted, and our prior assumption that these cells are responsible for tumor protection in vitiligo-affected mice (5).

Although deficiencies in Treg responses have been documented in humans with vitiligo (31), our finding that CD4 T cell depletion enables the priming of new Ag-specific T cells suggests that Tregs maintain some suppressive activity during vitiligo progression. Upon depletion of CD4 T cells, pmel cells acquired both the ability to produce IFN-γ and persist as functional memory. Despite this, our past studies to investigate whether CD4 T cells promote memory T cell responses in this model showed no net effect of ongoing anti-CD4 treatment on posttransplant vitiligo or melanoma tumor protection (16). Taken in conjunction with the present findings, this may suggest that CD4+ Treg and Th cells play opposing roles during the course of vitiligo, with Th cells promoting the optimal function of memory T cells and Tregs suppressing the ongoing priming of naive T cells. Furthermore, the fact that vitiligo progresses despite the presence of Tregs also suggests that pathogenic memory T cells may be less susceptible to Treg suppression than naive T cells. In future studies, the targeted ablation of Foxp3+ Tregs without impairing Th cells could help to further dissect the distinct contributions of these CD4+ T cell subsets.

In conclusion, these studies demonstrate that ongoing CD8 T cell-mediated autoimmune vitiligo is a weakly immunogenic event that is perpetuated by long-lived T cells, as opposed to newly primed effectors. In addition, our finding that CD4 T cells suppress the priming of new effector T cells in hosts with vitiligo suggests a dominant role for Treg suppression even in the face of overt autoimmune disease. These studies reveal autoimmune vitiligo to be a complex disease setting with multiple layers of T cell activation and regulation.

Acknowledgments

We thank Ed Usherwood and David Mullins for helpful discussions.

Disclosures

The authors have no financial conflicts of interest.

References