IL-37 Ameliorates the Inflammatory Process in Psoriasis by Suppressing Proinflammatory Cytokine Production

Xiu Teng, Zhonglan Hu, Xiaqiong Wei, Zhen Wang, Ting Guan, Ning Liu, Xiao Liu, Ning Ye, Guohua Deng, Can Luo, Nongyu Huang, Changyan Sun, Minyan Xu, Xikun Zhou, Hongxin Deng, Carl Keith Edwards III, Xiancheng Chen, Xiaoxia Wang, Kaijun Cui, Yuquan Wei and Jiong Li

*J Immunol* 2014; 192:1815-1823; Prepublished online 22 January 2014;
doi: 10.4049/jimmunol.1300047
http://www.jimmunol.org/content/192/4/1815
IL-37 Ameliorates the Inflammatory Process in Psoriasis by Suppressing Proinflammatory Cytokine Production

Xiu Teng,*1 Zhonglan Hu,*1 Xiaqiong Wei,*1 Zhen Wang,*1 Ting Guan,*1 Ning Liu,* Xia Liu,* Ning Ye,* Guohua Deng,* Can Luo,* Nonyu Huang,* Changyan Sun,* Minyan Xu,† Xikun Zhou,* Hongxin Deng,* Carl Keith Edwards, III,* Xiancheng Chen,* Xiaoxia Wang,† Kaijun Cui,‡ Yuquan Wei,* and Jiong Li*

IL-37 is a potent inhibitor of innate immunity by shifting the cytokine equilibrium away from excessive inflammation. Psoriasis is thought to be initiated by abnormal interactions between the cutaneous keratinocytes and systemic immune cells, triggering keratinocyte hyperproliferation. In the current study, we assessed IL-37 in two well-known psoriasis models: a human keratinocyte cell line (HaCaT) and the keratin 14 VEGF-A–transgenic mouse model. First, we used the HaCaT cell line, which was transiently transfected with an overexpressing IL-37 vector, and tested the effect of IL-37 on these cells using a mixture of five proinflammatory cytokines. IL-37 was effective in suppressing the production of CXCL8, IL-6, and S100A7, which were highly upregulated by the mixture of five proinflammatory cytokines. Keratin 14 VEGF-A–transgenic mice were treated with plasmid coding human IL-37 sequence–formulated cationic liposomes, and we observed potent immunosuppressive effects over the 18-d period. In this model, we observed reduced systemic IL-10 levels, local IFN-γ gene transcripts, as well as mild mast cell infiltration into the psoriatic lesions of the mice. Immunohistochemical analysis indicated that IL-37 was expressed by effector memory T cells, as well as macrophages, in human psoriatic plaques. In conclusion, our studies strongly indicate that IL-37 plays a potent immunosuppressive role in the pathogenesis of both experimental psoriasis models in vitro and in vivo by downregulating proinflammatory cytokines. Importantly, our findings highlight new therapeutic strategies that can be designed to use this immunosuppressive anti-inflammatory cytokine in psoriasis and other inflammatory cutaneous diseases. The Journal of Immunology, 2014, 192: 1815–1823.

Interleukin-37 (formerly IL-1F7), earlier referred to as FIL-1β/IL-1H4/IL-1H/IL-1RP1, is a new member of the IL-1 family that encompasses 11 structurally related members sharing a β-barrel motif (1–3). However, quite distinct from most IL-1 family members, which have been characterized with proinflammatory functions, IL-37 has emerged as a fundamental inhibitor of the innate immune response. A total of five splice variants (IL-1F7a–e) exist in IL-1F7 transcripts. IL-1F7b (NM014439.3) is the largest cytokine member and is encoded by five of the six exons spanning the IL-37 gene, of which exon 1 encodes the putative caspase-1–processing site (4, 5). The IL-37b precursor can be processed by caspase-1 into the mature form, requiring the mature form to translocate actively into the cell nucleus (3, 5). IL-37b–specific mRNA has been found in diverse human tissues, including the lymph node, thymus, bone marrow, placenta, lung, and testis. IL-37 protein production in PBMCs and dendritic cells (DCs) was shown to be upregulated when stimulated by TLR ligands, as well as several proinflammatory cytokines (4, 6).

In vitro, the expression of IL-37 in macrophages or epithelial cells was shown to greatly dampen constitutive or induced production of several major proinflammatory cytokines, such as IL-1α, IL-1β, TNF, IL-6, and MIP-2 (3, 5). In vivo, IL-37 protects mice from LPS-induced shock, chemical-induced colitis, and hepatitis (3, 7–9). However, the inhibitory effects of IL-37 in the pathogenesis of inflammatory skin diseases, including psoriasis, have not been demonstrated.

Psoriasis is one of the most common immune-mediated chronic inflammatory cutaneous disorders and is characterized by epidermal hyperplasia, dilated blood vessels, and increased leukocyte infiltration (10, 11). Although the pathogenesis of this autoimmune disease has not been fully characterized, there is growing evidence that the formation and maintenance of psoriatic plaques are mediated by cell–cell interactions between resident skin cells (mainly keratinocytes) and elements of the immune system in the context of a combined Th1/Th17/Th22 immune response (12–14).
In the early stage of psoriasis, keratinocyte-derived chemokines and cytokines have major roles in continuing the recruitment of leukocytes invading the inflammatory sites. Secondly, intrinsic defects in cytokine and growth factor signaling in keratinocytes could be responsible for aberrant keratinocyte hyperproliferation and differentiation. Moreover, a series of recent reports (15–17) demonstrated that specific inhibition of the innate immune response may be one of the most promising therapeutic approaches in the treatment of psoriasis. Based on these reports, our laboratory is focused on IL-37b, the largest and most widely researched anti-inflammatory cytokine and highlight new therapeutic strategies that can be designed using this immunosuppressive anti-inflammatory cytokine in psoriasis and other inflammatory cutaneous diseases.

Materials and Methods
Cell culture, cytokines, and plasmids
The keratinocyte cell line HaCaT was obtained from the China Center for Type Culture Collection (Wuhan, China). The mixture of five proinflammatory cytokines (M5) included 10 ng/ml TNF-α, IL-17A, IL-22, IL-1α, and Oncostatin-M (ProSpec, East Brunswick, NJ). The mock pCMV6-ENTRY (pNull) vector tagged C-terminal Myc-DDK (Origene Technologies, Rockville, MD) and human IL-37 (NM 014439) cDNA open reading frame entry (pNull) vector tagged C-terminal Myc-DDK (Origene Technologies, St. Louis, MO), was formulated to enhance the efficiency of gene transfection in vivo. To formulate the cationic liposome (CL)–plasmid complex for gene delivery in vivo to be 3:1.

To evaluate the size distribution and encapsulation ability, the CL–pIL-37 complexes were analyzed using the Amaxa Cell Line Nucleofector Kit V (Lonza), according to the manufacturer’s instructions. After overnight recovery, the transfected cell lysates were used as an indication of transfection. All plasmids were purified using Endo-Free plasmid purification kits (QIAGEN, Düsseldorf, Germany).

Transient transfections
HaCaT cells were transiently transfected with pIL-37 or pNull using an Amaxa Cell Line Nucleofector Kit V (Lonza), according to the manufacturer’s instructions. After overnight recovery, the transfected cell lysates were tested for IL-37 expression by Western blot analysis. The keratinocyte lysates were obtained at 24, 48, and 72 h posttransfection for the duration of IL-37 expression by keratinocytes transiently transfected with pIL-37.

Induction of psoriatic model in vitro
Keratinocytes were stimulated with M5 to induce inflammation that recapitulates numerous features of psoriasis (19). Total RNA was isolated from keratinocytes at 0, 6, 12, and 24 h poststimulation with M5. Culture supernatants were collected at 12, 24, 36, and 48 h poststimulation with M5 for quantification of the cytokine levels.

Preparation of cationic liposome–plasmid complexes
Cationic liposomes containing 1, 2-dioleoyl-3-trimethylammoniumpropionate, 1, 2-dioleoyl-3-trimethylammoniumpropionate (Avanti Polar Liposomes, Alabaster, AL), in a 1:1 molar ratio with cholesterol (Sigma-Aldrich, St. Louis, MO), was formulated to enhance the efficiency of gene transfection in vivo. To formulate the cationic liposome (CL)–plasmid complexes, pIL-37 or pNull was dispersed into prefiltered CLs according to their mass ratios (CL to plasmid). We evaluated the size distribution and zeta potential of these complexes by a nanoparticle size analyzer (Malvern Instruments, Malvern, U.K.; Supplemental Table I). The encapsulation efficiency of CL to condense pIL-37 was detected by agarose gel electrophoresis (Bio-Rad, Philadelphia, PA; Supplemental Fig. 2A). According to the physicochemical properties and encapsulation ability, the CL–plasmid complexes were correctly formulated at mass ratios of 5:1 and 3:1. The HEK293A cell line was transiently transfected with pEgFP formulated with CLs. The HEK293A cell line showed higher transfection 24 h after being transfected with CL-pEgFP complexes formulated at 3:1 and 5:1 (Supplemental Fig. 2B). Finally, IL-37 was detected by Western blot in lysates of the HEK293A cell line that was transiently transfected with CL–pIL-37 at mass ratios of 5:1, 3:1, and 1:1 (Supplemental Fig. 2C). Based on the above results and to minimize hyperaccretion rejection potential due to successive CL administration (20), we determined the final mass ratio of CL/plasmid complex for gene delivery in vivo to be 3:1.

In vivo experiments
The psoriasis animal model in our research was the keratin 14 VEGF–A-transgenic (K14-VEGF–A) mouse model, in which VEGF is overexpressed in the epidermis, and the mouse spontaneously develops a chronic inflammatory skin disease with many features similar to human psoriasis (21). To study IL-37 expression kinetics in vivo, 8–10-week-old K14-VEGF–A homozygous mice (n = 21; The Jackson Laboratory, Bar Harbor, ME) were injected with CL–pIL-37 complex (5 μg pDNA/mouse) via the tail vein. Exogenous IL-37 gene expression in the spleen was assessed at 0, 6, 12, 18, 24, 48, and 72 h after transfection. In the second series of experiments, 8–10-week-old K14-VEGF–A homozygous mice were randomly assigned to three groups (n = 5/group); mice treated with 5% dextran sodium group, mice treated with CL–pNull complex (CL–pNull group; 5 μg pDNA/mouse), and mice treated with CL–pIL-37 complex (CL–pIL-37 group; 5 μg pDNA/mouse) six times (i.e. once every 3 d). Forty-eight hours after the previous treatment, the animals were anesthetized by i.p. injection of 10% gluconaldehyde for macroscopic photography. The animals were then sacrificed, and serum and psoriatic lesion tissues were collected. All studies involving mice were approved by the State Key Laboratory of Biotherapy Institutional Animal Care and Use Committee.

Skin samples
The use of skin biopsies for this study was approved by the Ethical Committee of the Sichuan Provincial People’s Hospital and Health Care Hospital of Sichuan University. After obtaining informed consent, psoriatic plaque biopsies were obtained from patients with moderate-to-severe psoriasis vulgaris (n = 15, mean age = 28 y, skin involvement, 10–70% of body surface area) who did not receive any therapy for 4 wk. Skin biopsies obtained from healthy volunteers undergoing circumcision (n = 15, mean age = 8 y) were used as control.

Histological studies and immunohistochemistry
Histological studies and immunohistochemistry
Immunohistochemical single staining of 4-μm vertical sections of formalin-fixed, paraffin-embedded (FFPE) human psoriatic plaques was performed using the avidin-biotin technique (ZSGB-Bio, Beijing, China). After deparaffinization, rehydration, and blocking of endogenous peroxidase activity, heat-induced Ag retrieval was performed using Tris/EDTA (pH 9) in a pressure cooker for 3 min. After cooling, nonspecific binding was blocked with goat serum reagent, followed by incubation with rabbit polyclonal anti-human IL-37 Ab (Abcam, Cambridge, MA) overnight at 4°C in a humidified chamber. To detect IL-37+ cells, the sections were sequentially washed and incubated with biotinylated secondary Ab (15 min; HRP-labeled streptavidin complex (15 min) and visualized using diaminobenzidine. The specific staining of IL-37 was confirmed by another anti-human IL-37 polyclonal Ab (pAb; R&D Systems, Minneapolis, MN; Supplemental Fig. 3). Sequential double-staining immunohistochemistry kit (Maixin, Fuzhou, China), which was designed based on alkaline phosphatase visualized by 5-bromo-4-chloro-3-indolyl phosphate/Nitro blue tetrazolium (indigo blue) and HRP and visualized by 3-aminophenylcarbazole (red color) system, was utilized to identify IL-37+ cells in FFPE human severe psoriatic plaques. Similar to single staining, the sections were incubated with primary anti-human IL-37 Ab (Abcam), biotinylated secondary Ab, and alkaline phosphatase–labeled streptavidin complex and visualized by indigo blue. The sections were blocked with serum and incubated with anti-human CD4 (Maixin), anti-cutaneous lymphocyte Ag (CLA; eBioscience, San Diego, CA), anti-Foxp3 (Abcam), anti-CD68 (Gene Tech, Shanghai, China) Abs (as recommended by the manufacturer, Maixin), biotinylated secondary Ab, and HRP-labeled streptavidin complex; and visualized by red color. Similarly, FFPE mice psoriatic plaques were stained with H&E and stained with anti-mouse VCAM pAb (Boster, Wuhan, China). Additionally, to detect mast cells, mice psoriatic plaque sections were stained with toluidine blue (AMRESCO, Solon, OH), as previously described (22). Images of the stained slides of animal biopsies and human psoriatic plaques were obtained with an Olympus BX60 or Olympus DP72 microscope (both from Olympus Optical, Tokyo, Japan). Five random fields of view (400×), of each mouse psoriatic plaque section stained with H&E, were assessed using the Baker Score system. Similarly, mast cells were quantified by counting five randomly selected fields in toluidine blue–stained slides.

Quantitative real-time PCR analysis
Total cellular RNA, mouse splenic RNA, and RNA in psoriatic lesions were isolated using TRIzol reagent (Ambion, Carlsbad, CA). Quantitative real-time PCR (QRT-PCR) was carried out using the One Step SYBR PrimeScript PLUS RT-PCR Kit (TaKaRa, Dalian, China) on a CFX96 Touch Real-Time PCR Detection System (Bio-Rad, Hercules, CA). The following
primers (TaKaRa) were used for QRT-PCR analysis: human β-actin: forward 5'-CCACGAAACTACCTTCAACTCC-3' and reverse 5'-GTCCTGTGACTGCTCTGCTG-3'; human CXCL8: forward 5'-GTGACCTGCTGTTGACAC-3' and reverse 5'-GGCCCCAGCTGGCCCTATAA-3'; human IL-6: forward 5'-AAATGGCCATCTGCGTGGAAC-3' and reverse 5'-AAACACTGCTGTTGAGGCAGAC-3'; mouse β-actin: forward 5'-CTCTTCTGCATCCTGT-3' and reverse 5'-GTGC-3'; mouse IL-37: forward 5'-TTCCCTTCTGCATCCTGT-3' and reverse 5'-ACATCTGCTGTTGAGGCAGAC-3'; mouse IFN-γ: forward 5'-TCAAGGGCTCAGATGTTGAAAGA-3' and reverse 5'-GGATCTCTAGAGCTTTTCTCCAAGACG-3'; mouse IL-4: forward 5'-GACCCACAAGGACT-3' and reverse 5'-GTGA-3'.

* ELISA
CXCL8 and IL-6 levels in the tissue culture supernatants were measured using the human CXCL8 ELISA Ready-SET-Go kit (eBioscience, San Diego, CA) and human IL-6 ELISA kit (NeoBioscience, Shenzhen, China). IL-12p70, IL-17A, and IL-10 in mouse serum were detected using specific mouse ELISA kits (NeoBioscience). All procedures were performed as recommended by the manufacturer.

Western blot analysis
The expression of IL-37 and S100A7 in keratinocytes was detected with mouse anti-DDK mAb (Stratogene, Santa Clara, CA) and anti-human S100A7 mAb (Imgenex, San Diego, CA). The quantitative analysis of S100A7 in stimulated keratinocytes, recapturing critical features of psoriasis.

IL-37 gene delivery in vivo using K14-VEGF–Tg mice
IL-37 transgene expression in K14-VEGF–Tg mice that were treated with a single injection lasted for ~72 h (Fig. 2A). Relatively high transgene expression was obtained as early as 6 h after injection (~23% of the peak level) and increased over time, reaching a maximum at 18 h. At later time points, the level of IL-37 expression dropped sharply; at 24 h the expression was ~15% of its maximum value, followed by a slow decline in the next 24 h; it became nearly undetectable at 72 h.

Psoriatic symptoms of K14-VEGF–Tg mice were assessed through macroscopic observation and pathological examination (Fig. 2B). The mice treated with medium or pNull gene delivery exhibited typical features of psoriasis, such as scabby, erythematous, and scaly skin lesions (Fig. 2B). Mice injected with pIL-37 showed mild symptoms, including scattered calluses and barely visible diabrosis and scales (Fig. 2B). Histological examination of psoriatic plaques stained with H&E revealed that mice treated with either medium or pNull gene delivery demonstrated psoriatic disease that was characterized by epithelial parakeratosis and keratoplasia, severe lymphocyte infiltration into the dermis and epidermal layers, and apparent angiectasis (Fig. 2B). Importantly, reduced epithelial hyperplasia and less severe hemangiectasis were observed in the pIL-37–injected animals (Fig. 2B). We also assessed the expression of VCAM in psoriatic plaques using immunohistochemical analysis; it was found perivascularly in mice treated with medium or the pNull gene (Fig. 2B). Localization of VCAM in the pIL-37 treatment group was negligible. Moreover, we also thoroughly evaluated the pathological characteristics and assessed the psoriatic symptoms of mice lesions according to the Baker Score system: scores in the IL-37 gene delivery group were significantly lower compared with the other two groups (p < 0.05 and #p < 0.05). Together, these observations demonstrate that IL-37 gene delivery was highly effective in relieving the psoriatic symptoms of K14-VEGF–Tg mice.
of IL-12p70 and IL-17A were below the lower detection limits, so these differences could not be compared (data not shown). Systemic IL-10 in the pIL-37 delivery group of mice was lower than in the other groups, indicating that systemic immune conditions were restored to homeostatic status (Fig. 3A). We also detected IFN-γ, IL-4, and IL-23a gene levels in psoriatic plaques using QRT-PCR. We observed that the expression level of IFN-γ in the pIL-37 delivery group declined nearly 3-fold compared with the control group at 0 h. Level of CXCL8 (B) and IL-6 (C) secreted into the culture supernatants. (D) Level of S100A7 in lysates (right panel). At the indicated time points, levels of CXCL8 and IL-6 were measured by ELISA, and S100A7 was detected by Western blot (M₀ of S100A7 was ~11 kDa). The data are representative of experiments that were carried out in triplicate. *p < 0.05, **p < 0.01, ***p < 0.001, versus control keratinocytes at the same time point; p < 0.05, #p < 0.01, ##p < 0.001, versus pNull group at the same time point. ns, not significant compared with the control or pNull group.

**Abundant IL-37 expression in human psoriatic lesions**

IL-37 was highly expressed in human psoriatic lesions compared with the skin of healthy individuals, as assessed by immunohistochemical analysis. We did not observe specific staining in the epithelial keratinocytes in healthy human skin or psoriatic plaques (Fig. 4, top panels). In psoriatic plaques, we detected a strong staining in the papillary areas and sparse localization in cells of the epidermis (Fig. 4, middle panels). IL-37 was scarce in the dermal part of healthy skin, but it was weakly localized in the middle dermis region of the psoriatic plaques (Fig. 4, bottom panels). Furthermore, IL-37 was found at high densities in severe plaques compared with mild plaques. The distribution pattern of IL-37 in psoriatic plaques was characterized as “More severe pathogenesis, higher expression of IL-37.”
IL-37 was expressed primarily by effector memory T cells and macrophages in human psoriatic lesions

The highly distributed pattern of IL-37 in human psoriatic lesions prompted us to identify the IL-37+ cells to reveal the role of IL-37 in psoriasis. Based on the pathological observations, immunocytes are most likely the IL-37+ cells and are not structural cells of the skin, such as keratinocytes and fibroblasts. We identified IL-37+ positive cells by sequential immunohistochemical double staining with specific markers. We identified that most of the IL-37+ cells localized in the papillae and epidermis were CD4+ T cells (Fig. 5A). These IL-37–producing CD4+ T cells were identified as effector memory T (T EM) cells with the hallmark CLA (Fig. 5B), rather than as regulatory T cells (Tregs) with marked Foxp3 staining involved in the inhibition of the activation of transcription factor C/EBP transcription factor activation induced by IL-17A), re-pressing the proximal promoter of IFN-γ and inhibits the expression of its positive regulator T-BET, thus regulating the expression of chemokines and chemokine receptors (24). In other studies, Smad3 antagonized C/EBP-STAT3 transcriptional activation and, thereby, suppressed IL-6 production and blocked the IL-17A–signaling pathways (25, 26). Smad3 also is involved in the inhibition of the activation of transcription factor AP-1 induced by IL-1β or TNF-α (27). We conclude that the expression of IL-37 contributes to counter against M5-mediated proinflammatory effects through transcriptional factors affected by the interaction between IL-37 and Smad3.

Overall, psoriasis is triggered by an imbalance among proinflammatory cytokines, chemokines, and growth factors, which orchestrate the cross-talk among immune cells, epidermal keratinocytes, and blood vessels. Indeed, the gene expression levels of CXCL8 and S100A7 are upregulated up to 17- and 18-fold, respectively, in psoriatic plaques compared with normal skin. In the innate immune–response stage of psoriasis, activated epithelial keratinocytes are a rich source of CXCL8, which are mainly chemotactic for the JAK3-mediated migration of neutrophils into the epidermis, contributing to microabscesses and pustules in the case of psoriasis (28). Serum IL-6 levels are significantly higher in patients with active psoriasis than in controls, and the levels correlate with disease severity of psoriatic arthritis (29, 30). Upon stimulation of DCs in disease initiation, keratinocytes are activated to produce autologous IL-6 to occur the epidermal hyper-proliferation and impaired differentiation, as demonstrated by the hyperkeratosis exhibited by another psoriasis model: keratin 14–IL-6 transgenic mice (11). In contrast, keratinocyte-derived IL-6 activates myeloid DCs to initiate communication between the DCs and T cells in adaptive immunity (10). IL-6 enhances IL-1β–induced Th17 polarization or IL-2–induced Th22 differentiation from naive CD4+ T cells, facilitating the Th17/Th22 context in
versus medium group, the total RNA isolated from mice lesions. The gene transcript of IFN-

comparing with the medium group. (C) Toluidine blue–stained mast cells in samples from K14-VEGF–Tg mice. The gene transcript levels were normalized using the housekeeping gene and expressed as the fold change in the expression group or the CL-pNull group. Gene transcript levels were normalized using the control group. There was no significant difference in the gene expression of IL-4 and IL-23a in the CL-pIL-37 group compared with the medium group or the CL-pNull group. Gene transcript levels were normalized using the housekeeping gene and expressed as the fold change in the expression compared with the medium group. (G) Toluidine blue–stained mast cells in the lesion sections from K14-VEGF–Tg mice (n = 15, original magnification ×400). Red arrows indicate the positive staining layers. (D) The number of toluidine blue+ cells was quantified by counting positive stained cells in five randomly selected fields of view/tissue section. Data are mean ± SD and are representative of three independent experiments. **p < 0.01, versus medium group, #p < 0.05, versus CL-pNull group. ns, no significance

psoriasis (31, 32). IL-6 impairs Treg regulation and enables cutaneous T cells to escape from Treg suppression (33), thereby contributing to the poor suppression of T<sub>REG</sub> cells by Tregs, tipping the balance in favor of pathogenic Th1 and Th17 cells over Tregs. IL-13, a Th2 cytokine, which was shown to confer a modest risk for psoriasis, was also inhibited in our research (34). S100A7, also called psoriasin, belongs to the pleiotropic S100 family of calcium-binding proteins and was identified as a protein upregulated in abnormally differentiated psoriatic keratinocytes (35). In addition to an antimicrobial property for Escherichia coli, S100A7 functions as a chemotactic protein for neutrophils, monocytes, and CD4<sup>+</sup> T lymphocytes, appearing to play prominent inflammatory roles in the genesis of psoriatic lesions (36, 37).

Based on the suppression of essential proinflammatory mediators in vitro, IL-37 regulated inflammatory cell infiltration and activation of the Th1/Th17 immune response. Additionally, it was reported that IL-37–overexpressing macrophages showed striking morphological differences compared with mock-transfected cells (3). Therefore, we evaluated the effect of IL-37 on keratinocyte proliferation and differentiation through air–liquid surface culture to determine the regulatory role of IL-37 in a psoriasis model in vitro and to explore the possible effect of IL-37 from the perspective of cellular growth or differentiation.

We examined the effect of IL-37 in vivo using the psoriasis model of K14-VEGF–Tg mice, which exhibit cellular hallmarks of and physical features that resemble human psoriasis through a CL-formulated plasmid gene-delivery system. The kinetics study of IL-37 expression in vivo showed that IL-37 was expressed successfully and could last for 72 h after a single treatment. K14-VEGF–Tg mice received a shot every 3 d to evaluate the effect of IL-37 in a psoriasis model in vivo. IL-37 relieved the psoriatic symptoms revealed by both macroscopic observation and immunological pathology, implying that it reduced the inflammatory response in this psoriatic model.

Psoriasis is a systemic immune disorder whose main manifestation is in the skin, and abnormal production of inflammatory mediators is believed to play an important role in the pathogenesis of the disease. Hence, the immunomodulatory role of IL-37 was assessed by systemic and local immune parameters using this psoriatic model. Among the cytokines measured in mice serum, only IL-10 in the pIL-37 treatment group was significantly lower than in the other two groups. Although IL-10 has been considered an anti-inflammatory cytokine, several reports (38–40) suggested the proinflammatory properties of IL-10 in many human infections or autoimmune diseases, including endotoxemia and Crohn’s disease. Multicenter clinical trials demonstrated that IL-10 application does not seem to be a therapeutic approach for psoriasis because of its ineffectiveness in reversing psoriatic symptoms (15). Systemic IL-10 levels were upregulated in K14-VEGF–Tg mice during the entire clinical course of psoriasis compared with wild-type mice (41). Upon IL-37 treatment, the IL-10 levels decreased, benefiting from the outstanding “cooling the fires of inflammation” characteristics of IL-37, with the possible blocking of the positive-feedback loop of IL-10–STAT3 signaling, which needs to be tested further, as mentioned earlier in discussing the role of Smad3 (38). (41). Upon IL-37 treatment, the IL-10 levels decreased, benefiting from the outstanding "cooling the fires of inflammation" characteristics of IL-37, with the possible blocking of the positive-feedback loop of IL-10–STAT3 signaling, which needs to be tested further, as mentioned earlier in discussing the role of Smad3 (38). Given the dilemma that the levels of cytokines, including systemic Th1-type cytokine IL-12p70 and Th17-type cytokine IL-17A, were below the detection limits of the as-
with severe psoriasis (representative immunostaining of sections from biopsies obtained from patients outline of the dilated tortuous region within the dermal papillae. Repre-

FIGURE 5. Presence of IL-37 in TEM cells and macrophages in human psoriatic lesions. IL-37 was visualized using indigo blue, and all different cell markers are shown in red. Sequential immunohistochemistry showing the double staining of IL-37 and CD4 (A), IL-37 and CLA (B), IL-37 and Foxp3 (C), and IL-37 and CD68 (D) in the skin lesions of patients with psoriasis. Examples of double-stained cells are indicated by blue arrows. The blue dashed lines denote the dermal–epidermal junction and the outline of the dilated tortuous region within the dermal papillae. Representative immunostaining of sections from biopsies obtained from patients with severe psoriasis (n = 3) (original magnification ×100 [left panels], ×400 [right panels]).

say, we determined the levels of Th1-, Th2-, and Th17-type cyto-

Insights into the immunopathology of psoriasis unraveled a central role for proinflammatory IFN-γ– and IL-23–producing cells in psoriasis. IFN-γ or IL-23, alone or in combination, contributes to Th1- and Th17-lineage differentiation, DC maturation, and aberrant proliferation and impaired differentiation of epidermal keratinocytes in the initiation and maintenance of psoriasis lesions (42, 43). The downregulation of IFN-γ in psoriatic lesions by IL-37 agrees well with a previous report (44) that IL-37 enhanced the inhibitory capacity of IL-18BP on IFN-γ in vitro. Additionally, the effect of IL-37 on IFN-γ might be due to the suppression of IFN-γ gene promoter and its positive regulator, T-BET, by Smad3 (24). There have been some reports about the regulation of IL-23a by IL-37. In our study, IL-37 did not reduce local IL-23a mRNA expression, although the possible reduction in IL-23 gene expression could be inferred from the antagonism toward IL-17A–signaling pathways, as discussed above. An effective therapy against psoriasis is the deviation of either Th1 or Th17 responses to Th2 responses, for which IL-4 is the key cy-

tokine (45, 46). However, such a deviation did not occur with IL-37 treatment. K14-VEGF–Tg mice showed more intensive localization of mast cells in the psoriatic lesions than that observed in wild-type mice. IL-37 successfully reduced the density of mast cells in lesions. Collective reports demonstrated that mast cells that are recruited into the upper dermis by keratinocyte-derived CXCL8 can create an environment required for the recruitment of neutrophils and lymphocytes by expressing a range of chemokines (CXCL8, MIP-1α), cytokines (IFN-γ, TNF), and cell surface proteins (costimulation molecules) during the development of human psoriasis (47, 48). First, decreased chemoattraction of CXCL8 and IL-6 resulting from IL-37 expression could account for the reduced density and activation of mast cells in the lesions (49, 50). Importantly, the scenario that IL-17–producing mast cells are found at greater densities than are IL-17–producing T cells in human psoriasis lesions is similar to the Th17-like response seen in K14-VEGF–Tg mice treated with 12-O-tetradeca-

tokol phorbol-13-acetate (51, 52), hinting that IL-37 could affect the Th17 response, albeit indirectly, via the negligible effect on IL-23a production.

Rather than being expressed by healthy skin biopsies, IL-37 was found at high densities in human psoriatic plaques, with strong expression in the papillary dermis, sparse localization in cells of the epidermis, and weak expression in the middle part of the dermis. Along with the recent study (53) that IL-37 is highly expressed by the human colon in inflammatory bowel diseases, our finding demonstrates that IL-37 appears to be highly expressed by inflammatory tissues with chronic pathology.

The IL-37–producing cells present in the papillary dermis and epidermis and middle dermis were TEM cells and macrophages, respectively. There is a conspicuous accumulation of lymphocytes, DCs, and macrophages in human psoriasis lesions. First, the presence of IL-37 in CD4+CLA+ T cells implied that IL-37 could be involved in the adaptive immune response in psoriasis. CD45RO TEM cells, highly expressing CLA, are Th1-polarized effector memory cells in psoriatic lesions and initiate epidermal inflammatory cytokines, including CXCL8 and TNF, by human macrophages in vitro and prevented the activation of macrophages in mice treated with 12-O-tetradecanoyl phorbol-13-acetate (45, 46). However, such a deviation did not occur with IL-37 treatment. K14-VEGF–Tg mice showed more intensive localization of mast cells in the psoriatic lesions than that observed in wild-type mice. IL-37 successfully reduced the density of mast cells in lesions. Collective reports demonstrated that mast cells that are recruited into the upper dermis by keratinocyte-derived CXCL8 can create an environment required for the recruitment of neutrophils and lymphocytes by expressing a range of chemokines (CXCL8, MIP-1α), cytokines (IFN-γ, TNF), and cell surface proteins (costimulation molecules) during the development of human psoriasis (47, 48). First, decreased chemoattraction of CXCL8 and IL-6 resulting from IL-37 expression could account for the reduced density and activation of mast cells in the lesions (49, 50). Importantly, the scenario that IL-17–producing mast cells are found at greater densities than are IL-17–producing T cells in human psoriasis lesions is similar to the Th17-like response seen in K14-VEGF–Tg mice treated with 12-O-tetradecanoyl phorbol-13-acetate (51, 52), hinting that IL-37 could affect the Th17 response, albeit indirectly, via the negligible effect on IL-23a production.

Rather than being expressed by healthy skin biopsies, IL-37 was found at high densities in human psoriatic plaques, with strong expression in the papillary dermis, sparse localization in cells of the epidermis, and weak expression in the middle part of the dermis. Along with the recent study (53) that IL-37 is highly expressed by the human colon in inflammatory bowel diseases, our finding demonstrates that IL-37 appears to be highly expressed by inflammatory tissues with chronic pathology.

The IL-37–producing cells present in the papillary dermis and epidermis and middle dermis were TEM cells and macrophages, respectively. There is a conspicuous accumulation of lymphocytes, DCs, and macrophages in human psoriasis lesions. First, the presence of IL-37 in CD4+CLA+ T cells implied that IL-37 could be involved in the adaptive immune response in psoriasis. CD45RO TEM cells, highly expressing CLA, are Th1-polarized effector memory cells in psoriatic lesions and initiate epidermal inflammatory form changes (54, 55). The presence of IL-37 in TEM cells may illustrate the possible regulation of IL-37 in TEM cells through the inhibition of Th1 activity, as revealed by our in vivo study. Considerable numbers of Tregs, characterized by high expression of Foxp3 staining, are present in the skin lesions of psoriasis and are supposed to serve as a brake for cutaneous inflammation (56). A recent study (57) demonstrated that the capacity of Tregs to enforce tolerance to harmless and self-Ags is severely ablated by their less intrinsic activity and the proinflammatory cytokine milieu in psoriasis. Because IL-37 was not expressed in Tregs, it could imply that the absence of intrinsic IL-37 expression contributed to Treg deficiency. However, more studies need to be carried out to validate this. There is accumulating evidence that macrophages are key constituents of the psoriatic inflammatory process, and the macrophage-derived cytokines, including TNF-α, are essential for the development and maintenance of psoriasis (10, 58). It was reported that IL-37 expression significantly reduced the production of several proinflammatory cytokines, including CXCL8 and TNF, by human macrophages in vitro and prevented the activation of macrophages in mice (3). The presence of IL-37 in human macrophages suggests that IL-37 may affect the interplay between macrophages and effector T cells in adaptive immunity. The presence of IL-37 in activated proinflammatory immunocytes, rather than in immunosuppressive cells, appears to reflect the capacity of IL-37 to curb overreacted pathogenesis of psoriasis. Further studies are needed to understand this link between IL-37 and its anti-inflammatory role.
Takken et al., our results indicate the important immune downregulating role of IL-37 in the pathogenesis of psoriasis by decreasing essential proinflammatory cytokine production, indicating a hopeful therapeutic approach for immune-mediated disorders. Additional studies will focus on understanding the effects of IL-37 on keratinocyte proliferation and differentiation, as well as understanding its precise role in the pathology of human psoriasis lesions.

Acknowledgments

We thank Dr. En Lu (University of Electronic Science and Technology of China, Chengdu, China) for assistance with the statistical analysis.

Disclosures

The authors have no financial conflicts of interest.

References