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Extracellular ATP Exerts Opposite Effects on Activated and Regulatory CD4⁺ T Cells via Purinergic P2 Receptor Activation

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It has been reported that ATP inhibits or stimulates lymphoid cell proliferation depending on the cellular subset analyzed. In this study, we show that ATP exerts strikingly opposite effects on anti-CD3/CD28–activated and regulatory CD4⁺ T cells (Tregs), based on nucleotide concentration. We demonstrate that physiological concentrations of extracellular ATP (1–50 nM) do not affect activated CD4⁺ T cells and Tregs. Conversely, higher ATP concentrations have a bimodal effect on activated CD4⁺ T cells. Whereas 250 nM ATP stimulates proliferation, cytokine release, expression of adhesion molecules, and adhesion, 1 mM ATP induces apoptosis and inhibits activated CD4⁺ T cell functions. The expression analysis and pharmacological profile of purinergic P2 receptors for extracellular nucleotides suggest that activated CD4⁺ T cells are induced to apoptosis via the upregulation and engagement of P2X7R and P2X4R. On the contrary, 1 mM ATP enhances proliferation, adhesion, migration, via P2Y2R activation, and immunosuppressive ability of Tregs. Similar results were obtained when activated CD4⁺ T cells and Tregs were exposed to ATP released by necrotized leukemic cells. Taken together, our results show that different concentrations of extracellular ATP modulate CD4⁺ T cells according to their activated/regulatory status. Because extracellular ATP concentration highly increases in fast-growing tumors or hyperinflamed tissues, the manipulation of purinergic signaling might represent a new therapeutic target to shift the balance between activated CD4⁺ T cells and Tregs.

A denosine triphosphate (ATP) is an important mediator of cell-to-cell communication (1, 2). High concentrations (5–10 mM) of ATP are present in the cellular cytoplasm, whereas low concentrations (1–10 nM) can be found in the extracellular milieu (3). In physiologic conditions, a small amount of ATP is released by regulated exocytosis (4). Under pathologic conditions, a large amount of ATP is released by dying cells upon tissue injury, inflammatory reactions, hyperreactivity, and tumor cell growth (5, 6). Purinergic signaling has been shown to play a pivotal role in allergen-driven lung inflammation (7, 8), in inducing laryngeal AHR (9), in T cell-mediated inflammation in experimental models of type 1 diabetes and inflammatory bowel disease (4), in rheumatoid arthritis and multiple sclerosis (10), and in graft-versus-host disease (11). It has been proposed that extracellular ATP, via activation of purinergic P2 receptors (P2Rs), is an important regulator of inflammatory and immune response (12, 13) by modulating B cells (14), monocytes (MO)/macrophages (15), eosinophils (16), and dendritic cells (DCs) (17, 18). More recently, extracellular nucleotides have been shown capable to modulate mesenchymal as well as normal and leukemic hematopoietic stem cell functions (19–22). However, currently, a coherent picture of ATP-mediated responses of T cells is not available, because of the contrasting results obtained in different studies (23–26). Noteworthy, ATP can be released both from T cells in response to physiologic stimuli and from damaged/stressed or dying tumor cells. Moreover, ATP affects T cell functions via both an autocrine and a paracrine mechanism of action. Therefore, the role of purinergic signaling on T cell activity needs to be further investigated (27).

Two classes of P2Rs have been identified, namely, P2XRs and P2YRs (28). P2XRs are ligand-gated ion channels, whereas P2YRs are seven-membrane–spanning receptors coupled to G proteins (29). Functional P2XRs and P2YRs are expressed in both mouse and human T cells (30, 31).

In this study, we hypothesized that specific CD4⁺ T cell responses to ATP may depend on two critical factors: nucleotide concentration and CD4⁺ T cell activated/regulatory status. To this end, we assessed the effects of different exogenous concentrations...
of ATP on activated and regulatory CD4+ T cells (Tregs). In this study, we demonstrate that extracellular ATP is a pivotal player in driving CD4+ T cell activity, thus reinforcing the concept that microenvironment factors modulate the activation of the immune system.

Materials and Methods
Isolation and activation of CD4+ T cells
PBMCs were isolated from buffy coats of healthy donors by Ficoll-Hypaque (Amersham Biosience, Piscataway, NJ) gradient. CD4+ T cells were purified using MACS’ selection (Miltenyi Biotec, Bergisch Gladbach, Germany). CD4+ T cells were cultured in RPMI 1640 medium (Lonza, Milan, Italy) supplemented with 10% heat-inactivated FBS (Life Technologies-Invitrogen, Carlsbad, CA), 2 mM l-glutamic acid, 100 U/ml penicillin, and 100 µg/ml streptomycin (MP Biomedicals, Verona, Italy) at 37°C in 5% CO2. CD4+ T cells were activated for 3 d in flat-bottom 96-well plates precoated with anti-CD3 mAb (2 µg/ml, clone UCHT1; BioLegend, San Diego, CA) in presence of soluble anti-CD28 mAb (1 µg/ml, clone CD28.2; BioLegend).

Purification of Tregs
After 2 d of activation with anti-CD3 and anti-CD28 mAbs, Tregs were purified by using the CD4+CD25+CD127low-Regulatory T-cell Isolation Kit (Miltenyi Biotec) according to the manufacturer’s instructions. Tregs were also purified from PBMCs by using the CD4+CD25+ Regulatory T-Cell Isolation Kit (Miltenyi Biotec) and sorted for the presence of CDSMRA (clone HI100) or CDSMSR (clone UCHL1; BioLegend), by using FACSAria (BD, Franklin Lakes, NJ).

Real-time quantitative PCR
P2R relative quantification was calculated with the ΔΔCT comparative method, and GAPDH was used as the endogenous reference gene. GAPDH was used as internal control also in activated CD4+ T cells because its mRNA level remains unchanged compared with unstimulated CD4+ T cells (32). CD4+ T cells were used as standard sample. Assay IDs are as follows: P2X1, Hs00175686_m1; P2X2, Hs00247255_m1; P2X3, Hs00175689_m1; P2X4, Hs00602442_m1; P2X6, Hs00531938_m1; P2X8, Hs01033997_m1; P2X1, Hs00175721_m1; P2Y1, Hs00704965_m1; P2Y2, Hs01983831_s1; P2Y4, Hs00267404_s1; P2Y6, Hs00602548_m1; P2Y11, Hs01038858_m1; P2Y12, Hs00375457_m1; P2Y13, Hs00267404_s1; P2Y14, Hs00208434_m1; GAPDH (20x) probe dye FAM-MGB 433764F.

Proliferation assay
Because upon T cell activation T cells change cellular energy metabolism (33), we first compared the proliferation assay based on DNA synthesis ([3H]thymidine; Amersham Pharmacia Biotech, Piscataway, NJ) with the assay based on cellular energy metabolism (Proliferation CellTiter 96 Aqueous One Solution reagent; Promega Italia, Milan, Italy), and we found no differences when activated CD4+ T cells were assayed (Supplemental Fig. 1). Then activated CD4+ T cells or Tregs were incubated: I) 72 h with increasing concentrations of ATP (1 nM, 50 nM, 250 nM, 1 µM, 50 µM, 250 µM, 1 mM) with or without 1 U/ml functional or heat-denatured (56°C for 30 min) apyrase (Sigma-Aldrich); II) 24 h with 250 nM or 1 mM ATP. Cells were also incubated with an inhibitor of CD39, ARL67156 (100 nM), were cultured with or without ATP. After 48-h incubation, cells were washed and plated. After 1 h, nonadherent cells were harvested. Adherent cells were collected by vigorous pipetting after 10 min of incubation with trypsin. Adherent effector cells were stained with an anti-CD4-PE mAb; and counted using BD FACS Canto II equipment (BD). A fixed number of 5000 flow-count fluorospheres (Beckman Coulter, Fullerton, CA) was collected in list mode on FACS Diva software. Adhesion on BSA-coated control wells was subtracted from FN or MO-coated wells.

In vitro suppression assay
Purified CD4+CD25−CD127+ cells (Tregs) were tested in an in vitro suppression assay as previously described (37). Tregs were precultured for 24 h with or without 1 mM ATP, irradiated, and added (107/well) to cultures consisting of the same donor-derived CFSE-labeled CD3+ T cells (1 x 105/well) and allogeneic irradiated PBMCs (1 x 105/well). After 5 d, cultures were analyzed by using BD FACS Canto II equipment (BD). For the second set of experiments, Tregs were added to the upper chamber of a 0.4-µm pore polycarbonate filter in 24-well transwell chambers (Corning Costar). Data are shown as percentage of inhibition of CD3+ T cell proliferation.

Necrotization of leukemic cells and ATP evaluation
Bone marrow cells were harvested from patients suffering from acute myeloid leukemia at diagnosis. Acute myeloid leukemia cells were resuspended in complete medium at 5 x 106 or 1.5 x 106 cells/ml. The cultures were obtained by one cycle of freezing/thawing (−80°C to +37°C) and passed throughout an insulin syringe. ATP concentration of the supernatants was determined by the ENLITEN rLuciferase/Luciferin Reagent (Promega) according to the manufacturer’s instructions.

Data presentation and statistical analysis
Results are expressed as the mean ± SEM of five independent experiments. Statistical significance was assessed by the Student’s t test with *p < 0.05 or **p < 0.01.
**Results**

**ATP affects T cell proliferation and death**

Preliminary experiments demonstrated that activated T cells and Tregs express functional P2Rs, although at a lower level as compared with steady-state unstimulated CD4+ T cells (data not shown). In addition, we found that P2R expression was modulated after exposure to ATP (data not shown). As proof of P2R functionality, intracellular Ca²⁺ concentration ([Ca²⁺]i) changes were measured in response to ATP and UTP. ATP induced a rapid and sustained [Ca²⁺], increase in Tregs and in activated CD4+ T cells (Supplemental Fig. 2Ai). Cell incubation in a Ca²⁺-free saline solution decreased basal cytosolic Ca²⁺ concentration in both activated CD4⁺ T cells and Tregs, and ATP did not induce any appreciable [Ca²⁺i], signal (Supplemental Fig. 2Aii), indicating that the majority of Ca²⁺ ions contributing to the [Ca²⁺i] increase derived from influx through the P2X channels and not from Ca²⁺ released from the intracellular stores (P2YR-mediated response). Indeed, P2XRs are ligand-activated Ca²⁺ channels, as their activation by extracellular ATP or 2'- and 3'O-(4-benzoylbenzoyl) ATP (BzATP) induces Ca²⁺ influx through the plasma membrane (5). It has previously been shown that the P2X inhibitor oxidized ATP blocks Ca²⁺ elevation induced by BzATP in T cells (24). Of note, UTP, which does not activate P2XRs, was inactive on both CD4⁺ T cell populations tested (Supplemental Fig. 2Bi, 2Bii).

We then investigated the biological effects of ATP on CD4⁺ T cells. As shown in Fig. 1A, dose–response curves for the nucleotide indicated three levels of concentrations at which CD4⁺ T cell proliferation was differently modulated: 1) low physiological extracellular concentration (between 1 and 50 nM), 2) an intermediate ATP concentration (250 nM), and 3) the high nucleotide concentration (1 mM). At low concentrations, neither activated CD4⁺ T cells nor Treg proliferation in response to ATP stimulation. The intermediate concentration (i.e., 250 nM) increased the proliferation of activated CD4⁺ T cells, whereas 1 mM ATP caused a mean 54% decrease of activated CD4⁺ T cell proliferation, associated with the induction of apoptosis at 72 h (Fig. 1B). We then tested whether the induction of apoptosis by 1 mM ATP was mediated by P2X7R and/or P2X4R subtypes, which are receptors mediating programmed cell death in other cellular populations (34, 38). Activated CD4⁺ T cells upregulated P2X4R and P2X7R subtypes when exposed to 1 mM extracellular ATP (Fig. 1C). Therefore, KN-62 and 5-BDBD, two selective antagonists of the P2X7R (34) and P2X4R (35), respectively, were added to cell cultures. As shown in Fig. 1D, the addition of KN-62 and 5-BDBD completely restored the viability of activated CD4⁺ T cells in the presence of 1 mM ATP, strongly suggesting the involvement of these subtypes in ATP-mediated cell death at high concentration. Because P2X7R is the receptor mainly involved in ATP-mediated apoptosis (34, 38, 39), we confirmed its role in mediating activated CD4⁺ T cell apoptosis also by using the P2X7-specific siRNA (Supplemental Fig. 3). By contrast, 1 mM extracellular ATP strongly increased Treg proliferation (Fig. 1A) and did not enhance either Treg apoptosis (Fig. 1B) or P2X7 and/or P2X4 expression (Fig. 1C).

To assess whether the increase in the proliferation rate of both activated CD4⁺ T cells and Tregs was due to the presence of the nucleotide in its triphosphate form, we performed the proliferation test by incubating cells with the ATP hydrolyzing enzyme apyrase, which converts ATP to AMP, and with ARL67156, an inhibitor of the ectonucleoside triphosphate diphosphohydrolase 1 CD39, which is strongly expressed on Tregs (40). As shown in Fig. 1E, apyrase counteracted the proliferative activity of ATP, which was restored when apyrase was heat denatured. Moreover, by inhibiting ATP degradation (by inhibiting CD39), Treg proliferation further increased, thus reinforcing the concept that ATP itself, and not its metabolites, exerts immunomodulatory activity. We also found that 1-h exposure to the appropriate concentrations of ATP (i.e., 250 nM and 1 mM for activated CD4⁺ T cells and Tregs, respectively) was sufficient to increase proliferation of both activated and regulatory T cells (Fig. 1F).

Taken together, our data show that 1 h-exposure to specific concentrations of the triphosphate form of adenosine was able to modulate the proliferation of activated CD4⁺ T cells and Tregs, whereas a 72 h-incubation with ATP was required (see Fig. 1B) to induce cell death in activated CD4⁺ T cells. The process was likely due to the triggering of P2X7R and/or P2X4R subtypes.

**ATP concentrations of 250 nM and 1 mM also modulate resting T cell proliferation and death**

Resting CD4⁺ T cells were freshly purified with magnetic beads directly from PBMCs of healthy donors and sorted for CD45RA or CD45RO expression. We found that 1 mM ATP significantly enhanced both resting CD4⁺ T cell apoptosis and proliferation, whereas 250 nM ATP significantly enhanced T cell apoptosis, but decreased proliferation (Fig. 2A). To understand how the same concentration (1 mM) acted by stimulator of both apoptosis and proliferation, we performed these assays on purified resting CD45RA⁺ or CD45RO⁺ CD4⁺ T cells. We found that 250 nM and 1 mM ATP enhanced only CD4⁺CD45RA⁺ T cell apoptosis and had no effect on CD4⁺CD45RA⁺ cells, whereas the same nucleotide concentrations enhanced only CD4⁺CD45RA⁺ T cell proliferation and had no effect on CD4⁺CD45RO⁺ cells (Fig. 2B, 2C).

Therefore, taken together, these data suggest that the effects observed on resting CD4⁺ T cell population depend on the cell population composition (i.e., the balance between CD45RO⁺ and CD45RA⁺ cells), which differs from sample to sample.

**Intermediate ATP concentrations modulate activated CD4⁺ T cell functions**

Stimulation of activated CD4⁺ T cells with the same nucleotide concentration that induced proliferation (250 nM) also increased the secretion of IL-2. No effect was observed on the secretion of IFN-γ, IL-8, IL-4, IL-5, IL-6, IL-10, IL-12, TNF-α, TNF-β, and TGF-β (data not shown). Of note, when we assessed cytokine production in ATP-treated and control cultures containing the same number of cells (i.e., after adjustment of the cell number according to ATP-induced cell proliferation), we still found a significant increase of secreted IL-2 (Fig. 3A). Thus, the effect of ATP on cytokine secretion seems to be specific and not caused by the mere increase of the number of activated CD4⁺ T cells.

We then tested whether 250 nM ATP modified the expression of activated CD4⁺ T cell membrane-associated molecules. As a consequence of ATP treatment, we found a higher expression of Ags involved in cell–matrix and cell–cell adhesion. Specifically, more activated CD4⁺ T cells expressed CD49d and CD54, CD11a, CD29, CD62L, and Foxp3 expression (data not shown). Functionally, the enhancement of CD49d and CD54 expression resulted in the increased capacity of CD4⁺ T cells to adhere to the extracellular matrix (i.e., FN) or to autologous MO (Fig. 3C). Adhesion assay in presence of ARL67156 suggests that the enhancement of adhesion capacity was due to ATP itself. Extracellular ATP did not affect the motility of activated CD4⁺ T cells (data not shown).

In summary, during CD4⁺ T cell stimulation by anti-CD3 and anti-CD28 mAbs, the presence of 250 nM ATP contributed to their...
activation by inducing responses such as proliferation, secretion of critical cytokines such as IL-2, and adhesion to extracellular matrix and/or MO. Treg functions were not modulated by 250 nM ATP. High ATP concentrations “turn off” activated CD4+ T cell functions

In contrast with 250 nM ATP, 1 mM ATP inhibited proliferation of activated CD4+ T cells and induced activated CD4+ T cell death (see Fig. 1A, 1B). Moreover, incubation with 1 mM ATP reduced the secretion of some proinflammatory cytokines such as IFN-γ and TNF-α, whereas ATP had no effect on IL-1β, IL-4, IL-5, IL-6, IL-10, IL-12, TNF-β, TGF-β, IL-2, and IL-8 release (data not shown). Noteworthy, we found a significant decrease of IFN-γ and TNF-α even after adjusting values to the same number of CD4+ T cells in ATP-treated and control cultures (Fig. 4A). Thus, again, we ruled out that changes in cytokines concentration were merely due to the decreased cell number after ATP treatment. In addition, 1 mM ATP modulated the phenotype of activated CD4+ T cells. Indeed, whereas no changes were seen in CD127, CD39, CD73, CD11a, CD29, CD62L, and Foxp3 expression (data not shown), ATP strongly reduced the expression of activation markers and adhesion molecules (Fig. 4B), such as CD25, CD49d, and CD54.

**FIGURE 1.** Proliferation and apoptosis of activated and Tregs exposed to ATP. (A) Anti-CD3/CD28 activated CD4+ T cells and Tregs were tested for proliferation in response to increasing concentrations of ATP. The results are expressed as fold increase over activated CD4+ T cells and Tregs cultured without ATP, used as control samples (CTR; no ATP). Number of CTR cells: activated CD4+ T cells = 798,781 ± 116,250; Tregs = 66,783 ± 15,332. (B) CD4+ T cells were tested for apoptosis, in response to 1 mM ATP. Apoptosis was evaluated at 30 min, 1, 4, 16, 48, and 72 h (activated CD4+ T cell: t₀ = 14.4 ± 2.4%; Tregs: t₀ = 23.7 ± 4.5%). Results are expressed as fold increase between the percentage of apoptotic cells at each time point and the percentage of apoptotic cells cultured without ATP (t₀). (C) Comparison of P2X4R and P2X7R mRNA expression in activated CD4+ T cells and Tregs cultured for 48 h with or without 1 mM ATP. Results are expressed as fold change comparing ATP-treated samples with CTR. (D) Activated CD4+ T cell apoptosis induced by 72 h of 1-mM ATP exposure was tested after T cell pretreatment with KN-62 (45 nM), 5-BDBD (1.5 μM), P2X7 siRNA (200 nM), or CTR siRNA (200 nM). As CTR, cells cultured in RPMI 1640 medium alone were used (13.8 ± 2.6%). (E and F) Activated CD4+ T cells and Tregs were cultured with 250 nM or 1 mM ATP, respectively, and tested for proliferation (E) in presence of apyrase, heat-denatured apyrase (1 U/ml, added to cell culture 30 min before ATP addition), and ARL67156 (100 μM, added to cell culture 30 min before ATP addition), and (F) after an ATP stimulation of 30 min, 1, 4, 16, 48, or 72 h (t₀ = number of activated CD4+ T cells [754,612 ± 98,892] and Tregs [74,223 ± 11,672]). Cells cultured for <72 h were washed and transferred to complete RPMI 1640 medium for the remaining time to equalize the culture time. Data are expressed as fold increase comparing ATP-treated samples with CTR. Results represent the mean ± SEM of five independent experiments. *p < 0.05, **p < 0.01.

**FIGURE 2.** Proliferation and apoptosis of resting CD4+ T cells exposed to ATP. Resting CD4+ T cells, CD4+CD45RA+, and CD4+CD45RO+ were cultured in RPMI 1640 medium with or without 1 mM or 250 nM ATP. Results are expressed as fold increase comparing ATP-treated samples with control samples (RPMI). (A) Resting CD4+ T cells were tested for apoptosis (RPMI = 24.6 ± 2.4%) and proliferation (RPMI = 174,800 ± 45,342 cells). (B) CD4+CD45RA+ and CD4+CD45RO+ were tested for apoptosis (RPMI = 7.8 ± 3.2% and 14.4 ± 5.2%, respectively) and (C) proliferation (RPMI = 198,230 ± 23,640 and 162,300 ± 31,400 cells, respectively). Data are expressed as the mean ± SEM of three independent experiments. *p < 0.05.
On the contrary, when we assessed whether the increase of Tregs adhesion was performed also in presence of ARL67156 (100 μM). (A) IL-2 release, (B) expression of CD49d or CD54 on cell surface, and (C) adhesion to FN or to autologous MO was tested. Adhesion was performed also in presence of ARL67156 (100 μM). Data are expressed as the mean ± SEM of five independent experiments. *p < 0.05, **p < 0.01.

Accordingly, at the functional level, the reduction in CD49d and CD54 expression correlated with a reduced capacity of cells to adhere to FN and to autologous MO (Fig. 4C). Adhesion assay in presence of ARL67156 suggested again that the decrease of adhesion capacity of activated CD4+ T cells was due to ATP itself. High ATP concentrations did not affect the motility of activated CD4+ T cells (data not shown).

In summary, during CD4+ T cell stimulation by anti-CD3 and anti-CD28 mAbs, high ATP concentrations inhibited their activation by enhancing apoptosis and diminishing proliferation, cell adhesion, and release of critical proinflammatory cytokines.

High ATP concentrations "turn on" Treg suppressive capacity. ATP-treated Tregs were more effective in their suppressive capacity than untreated Tregs (data not shown), but modulated Tregs regulatory capacity of Tregs by modulating mechanism(s) involved in cell-to-cell contact-dependent suppression.

Finally, using all required controls to differentiate chemotaxis from chemokinesis, we found that 1 mM ATP exerted a chemotactic effect on Tregs in a transwell assay, because Treg motility was enhanced only when RPMI 1640 was in the top chamber and ATP in the bottom (Fig. 5D). Because P2Y2R mediates chemotaxis in DCs, eosinophils (41), and neutrophils (42), we investigated its potential involvement in Treg chemotaxis. Noteworthy, Tregs up-regulated P2Y2R when incubated with 1 mM ATP (Fig. 5E). We performed the migration assay also using the P2Y2R and P2Y4R agonist INS45973 (36) and the P2Y2R agonist MSR 2768. As shown in Fig. 5F, the engagement of P2Y2R, with or without the P2Y4R, mimicked the full activity of ATP on Treg migration.

In summary, 1 mM ATP enhanced Treg proliferation, adhesion capacity to different cell types, P2Y2R-mediated migration, as well as their suppressive capacity by a cell-to-cell contact-dependent mechanism.

ATP released by necrotic leukemic cells stimulates Treg proliferation. To test whether ATP released by dying tumor cells had the same immunomodulatory properties as extracellular ATP pharmacologically added to CD4+ T cell cultures, we necrotized leukemic blasts by one cycle of freezing/thawing, and used collected supernatants to measure ATP concentration and to stimulate CD4+ T cell proliferation. Fig. 6A shows that ATP concentration was lower when viable leukemic cells were tested and already increased when a small number of cells (5 × 10⁴) died. ATP concentration further increased when a higher number of cells (1.5 × 10⁵) was necrotized. Noteworthy, 1 mM ATP was the most effective nucleotide concentration in modulating activated CD4+ T cells and Treg activity. As expected, when apyrase was added,
ATP concentration was strongly reduced. As shown in Fig. 6B, when activated CD4+ T cells and T regs were incubated with supernatants from cell cultures with a low necrotic content, proliferation of activated CD4+ T cells was enhanced, whereas T regs were not affected. In these cultures, the addition of apyrase abolished the stimulation of activated CD4+ T cell proliferation, although it had no effects on T regs proliferation. In contrast, when activated CD4+ T cells and T regs were incubated with supernatants from cultures with massive necrosis of leukemic cells and consequent high ATP release, activated CD4+ T cells proliferation was inhibited, whereas T regs proliferation was strongly enhanced. The presence of apyrase in the supernatants reduced ATP concentration to a level that stimulated proliferation of activated CD4+ T cell and abrogated proliferation of T regs.

Taken together, these data indicate that necrotic tumor cells release ATP that differently modulates T cell responses, depending on nucleotide concentration and T cell activated/regulatory status.

Discussion
In this study, we investigated the effects of the “danger-signal” extracellular ATP (43) in the modulation of CD4+ T cell functions. Three main findings were observed: 1) low physiological concentrations of ATP did not modulate either proliferation or cell death of activated CD4+ T cells and T regs, 2) intermediate concentrations of ATP contributed to the activation of CD4+ T cells, and 3) high concentrations of ATP “turned off” activated CD4+ T cells, whereas they “turned on” T regs.

Activation of purinergic signaling by 250 nM ATP induced, in activated CD4+ T cells, an enhancement in IL-2 secretion and in CD49d and CD54 expression. It is well-known that IL-2 supports the survival and proliferation of T lymphocytes (44). Therefore, the increase of IL-2 may trigger the enhancement of activated CD4+ T cell proliferation. CD54, also known as ICAM-1, is normally present at low level on the membrane of leukocytes and endothelial cells. When activated, leukocytes bind to endothelial
cells via ICAM-1/LFA-1 and then transmigrate into tissues (45, 46). Our data demonstrate that the expression of CD54, sensitive to cytokine stimulation, is also modulated by specific extracellular ATP concentrations. Moreover, recent evidence shows that DCs are able to use active LFA-1 and can thereby control the contact duration with naive T cells (47). Leukocyte/endothelial interactions are mediated by adhesion molecules, chemokines, and their respective receptors. CD49d, also known as α4-integrin, mediates the G protein-independent capture and subsequent G protein-dependent adhesion of T cells to the VCAM-1. By this mechanism, under inflammatory conditions, circulating lymphocytes and MO/macrophages readily cross the endothelium and reach the inflammation site (48, 49). Because release of ATP by cells occurs as a consequence of bacterial products, viral infection, or inflammation (43, 50), it is not surprising that the nucleotide was able to modulate membrane expression of CD54 and CD49d in CD4+ T cells, thus facilitating transendothelial migration of CD4+ T cells into the inflamed tissue. Moreover, by enhancing the stability of CD4+ T cell/DC contact during their priming under inflammatory conditions, it may favor the success of an Ag-dependent response in situ.

Conversely, stimulation with 1 mM ATP of CD4+ T cells during activation caused the decrease in CD54, CD49d, and CD25, suggesting an ATP-dependent inhibition of CD4+ T cell activation. In fact, under this condition, CD4+ T cell priming may fail because of the instability of CD54/LFA-1 contact. Moreover, the downregulation of CD25 affects the IL-2–dependent T cell survival. However, the survival of activated CD4+ T cell is also directly influenced by ATP. High ATP concentration causes, indeed, T cell apoptosis, by upregulating and engaging the P2X4R and P2X7R subtypes. This result is supported by the finding that several cell lines undergo apoptosis through P2X7 engagement when exposed to ATP (34, 38). P2X7 drives the formation of nonselective membrane pores, causing cell death (39). Furthermore, 1 mM ATP also affects the capacity of activated CD4+ T cells to sustain a proinflammatory response, by downregulating the secretion of proinflammatory cytokines, such as IFN-γ and TNF-α. These results are consistent with those published by Duhant and colleagues (51), showing that 100 μM adenosine 5’-O-(3-thiotriphosphate) and BzATP diminished activated CD4+ T cell proliferation; secretion of IL-2, IFN-γ, IL-5, and IL-10; and expression of CD25.

Finally, Treg functions are modulated by 250 nM and 1 mM extracellular ATP in an almost opposite manner in comparison with activated CD4+ T cells. In fact, 250 nM extracellular ATP does not exert any modulation of Treg functions, whereas 1 mM stimulates their proliferation, chemotaxis via P2Y2R activation, adhesion to MO, and immunosuppressive ability in a cell-to-cell contact-dependent manner. Thus, the number of Tregs is increased by 1 mM of extracellular ATP both by enhancing proliferation and by recruiting Tregs on site, but not by converting non-Tregs into Tregs.

Because a subset of human Tregs expresses CD39 and CD73 (40, 52), enzymes that catalyze the hydrolysis of ATP to AMP and of AMP to adenosine and inorganic phosphate, respectively, we investigated whether the triphosphate form of the nucleotide was responsible for the biological effects on Tregs, as supposed to adenosine, which is known for its immunoregulatory properties (40). Our experiments, performed in presence of exogenous apyrase, which catalyzes the hydrolysis of ATP to AMP and inorganic phosphate, or in presence of an inhibitor of CD39, demonstrate that ATP in its triphosphate form shows immunomodulatory activity by itself. Of note, these findings were confirmed when T cell proliferation was assayed with the supernatant of necrotic leukemic cells. Thus, we propose a possible model to correlate our in vitro data with the in vivo scenario. Within a range of ATP concentrations compatible with physiological conditions (1–50 nM), CD4+ T cell proliferation is unaffected. When the concentration of extracellular ATP increases after cellular/tissue necrosis (3, 5, 6), CD4+ T cells receive a “danger signal.” Under this condition, CD4+ T cells are activated and are ready to exert an inflammatory response. At this stage, Treg intervention may not be required. As ATP concentration further increases because of increased cell/tissue necrosis, a feedback loop may occur to avoid hyperinflammation. Under this condition, activated CD4+ T cells are killed and inhibited in their function by the high ATP concentration and by Treg, which are recruited on site and induced to proliferate. In contrast, ATP is released by tumor cells as shown in vivo (6) and in vitro (this article), and ATP stimulatory (Treg) inhibitory (activated CD4+ cells) activity may represent a tumor-escape mechanism from the immune system. This scenario is consistent with the finding of high numbers of Tregs in the cellular milieu of advanced tumors (53, 54). The complex interplay between the inflammatory microenvironment, tumor cells, and effector cells of the immune system is currently investigated in our laboratory, in vivo, in animal models.

In summary, our study shows a dose-dependent ATP regulation of CD4+ T cells according to their activated/regulatory status. This mechanism may have an important role in inflammation and tumor cell growth.

Disclosures
The authors have no financial conflicts of interest.

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