

HLA monomers as a tool to monitor indirect allorecognition

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Complete List of Authors:	Breman, Eytan; Leiden University Medical Centre, Nephrology van Miert, Paula; Leiden University Medical Centre, Immunohematology and Bloodtransfusion van der Steen, Dirk; Leiden University Medical Centre, Hematology Heemskerk, Mirjam; Leiden University Medical Centre, Hematology Doxiadis, Ilias; Leiden University Medical Center, Department of Immunohematology and Blood Transfusion Roelen, Dave; Leiden University Hospital, Dept. of Immunohaematology and Bloodtransfusion; Leiden University Hospital, Dept. of Immunohaematology and Bloodtransfusion Claas, Frans; Leiden University Medical Centre, Immunohematology and Blood Transfusion van Kooten, Cees; Leiden University Medical Centre, Nephrology
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1 2 3 4 5	1	HLA monomers as a tool to monitor indirect allorecognition
7 8	3	Eytan Breman ¹ , Paula P van Miert ² , Dirk M van der Steen ³ , Mirjam H Heemskerk ³ , Ilias I
9 10 11	4	Doxiadis ² , Dave Roelen ² , Frans H Claas ² , Cees van Kooten ¹
12 13 14	5	
14 15 16	6	1- Department of Nephrology, Leiden University Medical Center (LUMC), Leiden,
17 18	7	the Netherlands
19 20 21	8	2- Department of Immunohematology and Blood Transfusion, LUMC, Leiden, the
22 23	9	Netherlands
24 25 26	10	3- Department of Hematology, LUMC, Leiden, the Netherlands
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45 46 47	19	Albinusdreef 2, C07-35
48 49	20	2333ZA Leiden
50 51	21	The Netherlands
52 53 54	22	0031 + 31 71 526 2148
55 56	23	C.Van_Kooten@lumc.nl
57 58 59	24	
60		
		ScholarOne Support: (434) 964 4100

25 Footnotes

- 26 ^{1 Contributions}
- 27 EB designed, preformed the experiments and wrote the manuscript. PPvM participated in designing and performing the experiments.
- 28 DMvdS performed experiments MHH participated in writing of the paper. IID contributed reagents. DR, FHC and CvK designed
 - experiments, discussed results and helped to write the manuscript.
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 - 31 ² List of current addresses
 - 32 EB Albinusdreef 2, building 1, D-03-39, 2300RC Leiden, The Netherlands. PPvM Albinusdreef 2, building 1, L-03-019, 2300RC
- 33 Leiden, the Netherlands. DMvdS Albinusdreef 2, building 1, D-02-042, 2300RC Leiden, the Netherlands. MHH Albinusdreef 2,
- 34 building 1, C-02-140, 2300RC Leiden, The Netherlands. IID Albinusdreef 2, building 1, L-03-32, 2300RC, Leiden, The
- 35 Netherlands. DR Albinusdreef 2, building 1, E-03-058G, 2300RC Leiden, The Netherlands. FHC Albinusdreef 2, L-03-037,
- 36 2300RC Leiden, The Netherlands. CvK Albinusdreef 2, C07-35, 2300RC Leiden, The Netherlands.

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41	DC – Dendritic cell
42	DTH – delayed-typed hypersensitivity

Abbreviations

43 EBV – Epstein bar virus

44 ELISPOT - enzyme linked immunosorbent spot

APC – antigen presenting cells

- 45 mAb monoclonal antibody
 - 46 MLR Mixed leukocyte reaction
 - 47 moDC monocyte-derived dendritic cells
 - 48 PBMC peripheral mononuclear blood cells
 - 49 PHA phytohemagglutinin
 - 50 SAL single antigen lines
 - 51 TLR Toll like receptor
 - 52 Treg Regulatory T-cells

54 Abstract

55 Background: Recognition of donor antigens can occur through two separate pathways: 56 the direct pathway (non-self HLA on donor cells) and the indirect pathway (self-restricted 57 presentation of donor derived peptides on recipient cells). Indirect allorecognition is 58 important in the development of humoral rejection, therefore there is an increasing 59 interest in the monitoring of indirect alloreactive T-cells. We have used an in vitro model 50 to determine the optimal requirements for indirect presentation and assessed the risk for 51 semi-direct presentation in this system.

Methods: HLA typed monocyte-derived dendritic cells (moDC) were incubated with cellular fragments or necrotic cells and incubated with either indirect or direct alloreactive T-cell clones. T-cell reactivity was measured by proliferation or cytokine secretion. HLA-typed moDC, monocytes or PBMCs were incubated with HLA class I monomers, in combination with either direct/indirect T-cell clones.

Results: Although both were efficiently taken-up, alloreactivity was limited to the semidirect pathway, as measured by allo-specific CD4 (indirect) and CD8 T-cell clones (direct). In contrast, HLA-A2 monomers were not only efficiently taken up, but also processed and presented by HLA-typed moDC, monocytes or PBMCs. Activation was shown by a dose dependent induction of IFN- γ production and proliferation by the CD4 T-cell clone. Antigen presentation was most efficient when the monomers were cultured for longer time periods (24-48h) in the presence of the T-cells. Using this method, no

1 2		
3	76	reactivity was observed by the CD8 T-cell clone, confirming no semi-direct
5 6 7	77	alloreactivity.
8 9	78	
10 11	79	Conclusion: we have developed a system that could be used to monitor indirect
12 13	80	alloreactive T-cells.
14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 45 36 37 38 39 40 41 42 34 45 46 47 48 95 51 52 53 45 56 57 85 960	81	

82 Introduction

Transplantation has become the standard therapy in end stage renal failure, leading to an increase in quality of life and survival (1). Despite immunosuppressive regimes that are very effective in reducing acute rejection, chronic rejection remains a major cause of allograft loss (2).

T-cells are a major driving force in mediating allograft rejection (3). Recipient CD4+ Tcells can recognize the allograft either through recognition of donor HLA-peptide complexes on donor antigen presenting cells (APC, direct), or by recognizing selfrestricted donor HLA-derived peptides on recipient APCs (indirect). A third pathway (semi-direct) has been postulated in which recipient T-cells recognize intact donor HLApeptide complexes on recipient APCs (4, 5).

T-cells with direct alloreactivity have been shown to play a dominant role in acute rejection, primarily in the early phase after transplantation, when APCs from donor origin are still available (6-8). T-cells with indirect alloreactivity are correlated with chronic rejection in humans (7, 9, 10). The importance of indirect allorecognition in allograft rejection is multiple and was recently reviewed (11). Briefly, it can provide help and thus induce alloreactive cytotoxic CD8 T-cells (12, 13). Perhaps more importantly indirect alloreactive CD4 T-cells are the only cells that can provide help to alloreactive B-cells as shown in animal models (13-15). These cells have also been implicated in the regulation of tolerance (16). Regulatory T-cells (Treg) from transplant recipients were shown to have indirect alloreactivity (17, 18). Furthermore, they were capable of suppressing both the direct and indirect pathways of allorecognition (19). Animal studies have shown that Treg with indirect allospecificity can abrogate alloantibody formation and mediate Page 7 of 31

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transplant tolerance (20-22). Recently, natural Treg were shown to inhibit direct but not
indirect allorecognition (23) Although both pathways have been known for decades,
assays monitoring indirect T-cell alloreactivity have not become routine, and as of yet no
clinical assay is available (11).

Methods to monitor direct alloreactivity include the mixed leukocyte reaction (MLR), the cytotoxic T-cell precursor assay and more recently, the IFN- γ enzyme linked immunosorbent spot (ELISPOT). The assays give a good indication of the potency of directly reactive T-cells (24-27). Methods to measure indirectly reactive T-cells have been previously reviewed and offer many complications (28). These include the use of donor cell fragments as a source of donor antigens, which are presented in the context of self-HLA class II. In theory this method allows the full repertoire of alloantigen available. In practice, this assay is difficult and not very reproducible. Furthermore, reactivity may be due to the semi-direct pathway (29, 30). Synthetic peptides which correspond with the mismatched donor antigens have also been used (31-33). This method has a higher reproducibility but reactivity may be directed at neo-epitopes that are not available in vivo. The third method makes use of the *trans vivo* delayed-type hypersensitivity (DTH) model, in which recipient cells and donor cellular fragments are injected into the footpad of naïve mice (34-36). Donor cell alloreactivity leads to a DTH response that can be measured by the footpad swelling. The advantage is that a global alloresponse can be measured (37). However, this approach is very complex and technically too difficult to be used as a diagnostic assay.

126 The aim of this study was to develop a reliable and easy tool to monitor indirect 127 allorecognition in renal transplant patients that could be used in a clinical setting.

Results

Evidence for semi-direct rather than indirect allorecognition when donor cell fragments are used as exogenous antigen source

132 To set-up and validate a model for indirect allopresentation, a previously characterized

133 CD4 T-cell clone (referred to as 4.44) recognizing HLA-A2 peptide restricted by HLA-

134 DR1was used (38). Incubation of 4.44 with its native ligand in the form of Epstein Bar-

135 Virus (EBV) transformed B-cell line (EBV-LCL) expressing HLA-DR1 and HLA-A2 led

136 to IFN-γ secretion (Figure 1A). Clone 4.44 did not react with HLA-DR1+/HLA-A2-

EBV-LCLs, but IFN-γ secretion could be induced when cells were pulsed with HLA-A2
peptides containing the relevant epitope (Figure 1B).

A CD8 T-cell clone (referred to as 1E2) that recognizes HLA-A2 (39), was used as a
readout to exclude semi-direct alloreactivity. Both T cell clones were cultured with single
antigen lines (SAL) expressing only HLA-A2 (SAL-A2). T-cell reactivity as measured by
IFN-γ was limited to the 1E2 T-cells, confirming specificity of both clones (Figure 1C).

To investigate the process of indirect alloreactivity, monocyte-derived dendritic cells (moDC) from HLA-typed donors (HLA-DR1+/HLA-A2-) were used as APCs and were loaded with peptides or fragmented SAL-A2 cells as antigen source. After 48h clone 4.44 was added, but apart from the positive control no indirect alloreactivity could be measured in any of the conditions (Figure 1D). In contrast, under similar conditions of loading fragments, when clone 1E2 was used low but significant production of IFN- γ could be detected in 3 out of 5 experiments (Figure 1E). This indicates that the use of cell fragments might result in semi-direct allorecognition when co-cultured with moDC. No

reactivity was observed when fragments and 1E2 were cultured alone. 1E2 activation wasconfirmed in all conditions where viable SAL-A2 were used.

Processing of necrotic cells leads to semi-direct allorecognition

Professional APCs have specialized mechanisms for the uptake of apoptotic or necrotic cells. Therefore, we investigated whether dead cells could be a more efficient way of loading alloantigen, without the risk of semi-direct allorecognition. Viable, or necrotic SAL-A2 cells were used as previously described (40). HLA-A2 expression on SAL-A2 was confirmed on viable and necrotic (Nec) SAL-A2 (Figure 2A). Moreover, SAL-A2 were stimulated with IFN-y to increase HLA-A2 expression on these cells (Figure 2B). Uptake of dead cells, but not viable cells, was confirmed by flow cytometry as well as confocal microscopy (Figure 2C-D). Importantly, after 24h incubation a near complete removal of dead material was observed. This was an active process that did not occur at 4°C.

Indirect allorecognition studies were performed using HLA-A2-/HLA-DR1+ typed moDC. Whereas strong IFN-γ production was achieved with exogenous peptide loading none of the conditions investigated resulted in detectable activation of the 4.44 clone (Figure 2E). Activation of moDC using different toll-like receptor (TLR) ligands did not result in detectable indirect presentation (data not shown). Comparable to the fragments, a low albeit significant response was found for semi-direct allorecognition by 1E2 when necrotic SAL-A2 cells were used (Figure 2F).

HLA monomers can be used for antigen loading resulting in indirect allopresentation

As an alternative source of alloantigens we investigated the potential use of HLA-A2
monomers. Incubation of HLA-DR1+/HLA-A2- moDC with HLA-A2 led to potent

activation of clone 4.44 comparable to exogenously loading of peptides (Figure 3A).

178 This response was dose-dependent and significant IFN- γ production was observed with 179 concentrations starting at 1µg/ml HLA-A2 and kept increasing until 125µg/ml (Figure 180 3B).

MoDCs were incubated with 25µg/ml HLA-A2 for various time points and after extensive washing 4.44 was added for an additional 24h. The highest reactivity was observed when moDCs were incubated for at least 4h with the antigen (Figure 3C). Next, moDCs were incubated with HLA-A2 for 4h before extensive washing. 4.44 T-cells were then added at 0h, 24h, or 48h and incubated for an additional 24h (Figure 3D). The highest reactivity was observed when 4.44 were added immediately (0h), while a steady decrease was observed after 24 and 48h, indicating a steady turnover of HLA-peptide complexes.

As mMonocytes are the major a more readily available source of APCs within the PBMCs, we investigated their capacity to present alloantigens via the indirect pathway. Similarly to moDC, monocytes showed a strong capacity to present HLA-A2 and activate 4.44 T-cells, comparable to the exogenous peptide (Figure 3E-F). This response was dose-dependent and significant levels of IFN- γ were observed at concentrations of 1µg/ml HLA-A2, reaching an optimum at 25µg/ml (Figure 3F).

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PBMCs can present monomer derived peptides to indirect allorecognizing T-cells
 clones without evidence for semi-direct allorecognition

Since the afore mentioned experiments were performed with purified populations, we next addressed the question whether the use of total PBMC would affect the sensitivity or specificity of the above described model. HLA-DR1+/HLA-A2- PBMCs were pulsed with HLA-A2 peptides or incubated with HLA-A2 monomers in the presence/absence of 4.44. Again using either exogenous peptide or HLA-A2 monomers, a strong and dose-dependent response of the T-cell clone could be detected (Figure 4A-B). In the absence of the T-cell clone no IFN- γ production could be detected indicating that the addition of HLA-A2 monomer does not activate CD8 T-cells with direct allospecificity (Figure 4A). The absence of semi-direct allorecognition could be further confirmed with the 1E2 clone, which was completely unresponsive when incubated with the HLA-typed PBMCs and increasing concentrations of HLA-A2, as depicted by IFN- γ production as well proliferation (Figure 4C-D). This is in stark contrast to clone 4.44 which was highly positive in both conditions.

To investigate the sensitivity of this model, various PBMCs concentrations were tested and incubated for 24 or 48h with a set amount of HL-A2 and 4.44 (Figure 4E). 48h and 1×10^5 PBMCs yielded overall a better T-cell response. When titrating the T cell clone, as little as 8-40 T-cells were sufficient to induce detectable levels of IFN- γ when 1×10^5 PBMCs were incubated with 25μ g/ml HLA-A2 for 48h (Figure 4F).

216 Finally, we could confirm that antigen presentation was completely HLA-DR dependent.

217 The cytokine production and proliferation was completely and dose-dependently

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218	prevented when	cultures wit	h 4.44 wer	e incubated	with a	blocking	antibody	against
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219 HLA-DR (Figure 4G-H).

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221 Discussion

Indirect allorecognition is considered one of the important factors in mediating chronic allograft rejection and influencing long term graft outcome (7, 41-43). However, at the moment, no reliable test is available to monitor indirect allorecognition in organ transplant recipients. A major hurdle is the antigen loading, that requires a high sensitivity to detect low frequency indirect T-cells, and a high specificity to exclude T-cells with direct specificity. In the current study, we have successfully developed a novel in vitro method to measure indirect allorecognition. By using T-cell clones that specifically recognize HLA-A2 through the indirect (HLA-A2 peptides restricted by HLA-DR1) or direct (HLA-A2) pathway of allorecognition, we could demonstrate that semi-direct allorecognition is not an issue in our model system, where HLA-A2 monomers were used as a source of alloantigen.

In experiments using HLA-A2 expressing cells as donor antigen source (either as cell fragments or as necrotic cell) reactivity was limited to the semi-direct pathway of alloreactivity. This raises some questions on the conclusions drawn from previous studies that have routinely used cellular fragments to measure indirect alloreactivity (7, 10, 44). Those studies did not include controls to distinguish between semi-direct and indirect allorecognition and it is therefore possible that the semi-direct pathway has a contribution to the allorecognition measured in those studies.

The semi-direct pathway involves the incorporation of alloantigen intact on the cell surface and has been shown to occur with DCs (45) monocytes and T-cells (46, 47). The process of membrane transfer is a subject of many studies and the mechanisms involved are now slowly unraveled (48). Interestingly, cross-dressed DCs (DCs that express an

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244	acquired HLA-peptide complex) have been shown to prime CD8 T-cells in mice (45, 49).
245	This suggests that semi-direct allorecognition could potentially lead to T-cell priming,
246	which is an important factor in interpreting model systems that use cell fragments or
247	apoptotic and necrotic cells to monitor indirect allorecognition. Reactivity against HLA
248	class I molecules was observed in 3 out of 5 experiments preformed. The reactivity was
249	limited to low levels of IFN-y and is most likely due to the limited HLA class I molecules
250	transferred. The conditions in most experiments involving membrane transfer are short
251	term (2h), it is possible that longer time periods (as utilized in our experiments) reduce
252	the efficiency, and thereby the reactivity. However, we observed no indirect alloreactivity
253	in any of the conditions utilizing cellular fragments, or dead cells. Although the material
254	is taken-up and processed there is relative little HLA class I molecules when compared
255	with all other proteins available, that will also be processed and presented and therefore
256	will generate large amounts of competing peptides that will not be recognized by the T
257	cell clone. Furthermore, the T-cell clone only recognizes one epitope in the context of
258	HLA class II, while the APC presents multiple epitopes which might not be recognized
259	by the T-cell clone.

Another strategy to monitor indirect presentation has been the use of synthetic peptides. *In vivo* APCs present donor derived peptides to autologous T-cells restricted by their own HLA class II molecules. Each HLA class II molecule has its own repertoire of peptides that can be presented. Prediction of HLA class II epitopes, is complex and it is unlikely that a set of peptides can be used to predict individual alloreactivity (50). Current tests that use synthetic peptides have the risk of creating neo-epitopes, epitopes that are not created in the natural antigen processing manner (31-33, 51). This may even lead to Page 15 of 31

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reactivity to peptides derived from autologous HLA molecules. Peptides used for the detection of indirect allorecognition include peptides derived from the β 1 domain of HLA class II (32, 51-53) or the α 1 domain of HLA class I (33, 54). In one study, where peptides from a complete HLA-A2 molecule were used, reactivity was seen in the hypervariable region as well as from the α 3 subunit and the trans-membrane domain (52). However, as no peptides from self-HLA were taken as a control it is unclear what the reactivity means, and whether these peptides would be formed when naturally processed. Use of longer peptides could be a good alternative, as these would require processing and are able to induce T-cell reactivity in other model systems of antigen presentation (53, 54).

HLA monomers offer solutions to many of the problems depicted earlier. However, there
are two distinct disadvantages in using monomers. The one is the high price involved in
making highly pure monomers and secondly the relatively high concentration needed to
induce a reproducible T-cell response.

The quest to induce long-term graft tolerance and/or survival starts with an accurate depiction of the recipient's immune-response against the donor allograft. Although many studies are aimed at monitoring and measuring operational tolerance and organ rejection (55, 56), no reliable test exists other than the actual clinical outcome. Measuring indirect allorecognition could give a broad view into how the recipient immune-system is shaping its response to the allograft and be helpful in tailoring an individual immune-suppression regime to prolong graft survival.

289 Materials and methods

290 Cell culture and reagents

Peripheral blood mononuclear cells (PBMC), monocytes and monocytes-derived
dendritic cells (moDC) were cultured in RPMI-1640 (PAA, Austria) supplemented with
10% FCS (Bodinco, the Netherlands), 5,000 U/ml penicillin and 5 mg/ml streptomycin
(Invitrogen, USA).

295 Single antigen lines (SAL) were created by transfecting K562 cells with a plasmid 296 construct containing a HLA-A2 heavy chain gene (SAL-A2) (57). SAL-A2 were 297 maintained in IMDM supplemented with 10% FCS, pen/strep and G-418 (Roche, 298 Germany) at a concentration of 250 µg/ml for the selection of stably transfected SALs.

HLA-A*0201 derived peptides of the region 99-122 of HLA-A2 were synthesized. HLA- A*0201 heavy chains were produced in *E.coli*. Monomer refolding around the melanoma-associated pmel 17 peptide (YLEPGVTA) in the presence of β 2microglobulin was achieved as previously described (58). Monomers were purified by gel filtration HPLC and tested routinely.

T-cells clones 4.44 (CD4+) and 1E2 (CD8+), recognizing HLA-A2 (aa98-120) restricted by HLA-DR1 and HLA-A2 respectively, have been previously described (38, 59). They were maintained in IMDM medium (PAA, Austria) with 5% FCS (Bodinco, the Netherlands), 5% normal human serum (Sanguin, the Netherlands), 100 IU/ml recombinant IL-2 (Chiron, Novartis, USA) 5,000 U/ml penicillin, 5 mg/ml streptomycin, and 2 mM L-glutamine (Gibco, invitrogen, USA). Expansion was achieved by stimulation with phytohemagglutinin (PHA, 0.8 µg/ml, Murex Biotec Limited, Dartford, UK) and PBMCs in a ratio of 1:5. Cells were harvested after two weeks and either frozen

or used in experiments after a resting period of 2-3 days. T-cell specificity was routinelytested.

Stable Epstein-Barr virus (EBV)-transformed B-cell lines (EBV-LCL) were generated
from an HLA-DR1+/HLA-A2- donor using standard procedures (60). HLA-A2+ EBVLCLs were generated by transducing a retroviral vector encoding for HLA-A*0201 into
the donor (HLA-A2-) EBV-LCLs (61).

319 Generation of monocytes-derived dendritic cells

moDCs were generated from buffy coats as previously described (62). Briefly PBMCs were isolated from buffy coats (Sanguin, the Netherlands) of healthy (HLA-A2⁻,HLA-DR1⁺) individuals using Ficoll/amidotrizoaat (pharmacy, LUMC, the Netherlands) density gradient, followed by CD14 microbeads magnetic cell sorting (Miltenyi Biotec, The Netherlands) according to manufactures protocol. Monocytes were cultured in 6 well plates (Costar, USA) in RPMI-1640 supplemented with 10 ng/ml IL-4 and 5 ng/ml GM-CSF (Gibco, Invitrogen, USA). Cytokines were refreshed every 2-3 days and cells were allowed to differentiate for at least 6 days before harvesting.

329 Indirect allorecognition assay using cells as source of HLA class I antigens

moDCs were co-cultured with necrotic, apoptotic or fragmented SAL-A2 cells. Necrosis and apoptosis was induced as previously described (40). Briefly necrosis was induced by heating cells to 56°C for one hour and confirmed by light microscopy and annexin-V/PI staining. Cell fragments were generated by 3 rounds of freeze-thawing and confirmed by light microscopy. 5x10⁵ moDCs were co-cultured at a 1:1 ratio with SAL-A2 cells for a 335 period of at least 24h in a 96 round well plate. 5×10^3 4.44-<u>cells (CD4 indirect)</u> or 1E2 336 (CD8 direct/semi-direct) cells were added for an additional 48h incubation. Supernatants 337 were then harvested and IFN- γ production was measured.

339 Phagocytosis assay

Phagocytosis was quantified by flow cytometry or fluorescence microscopy as previously described (40). Briefly moDCs were labeled with PKH26 (Sigma-Aldrich) or stained with HLA-DR mAb. Necrotic, apoptotic or fragmented SAL-A2 cells were stained with CFSE prior to induction of cell death and then co-cultured with moDCs at a ratio of 1:1 ($5x10^4$ cells). Analysis was conducted at 2 or 24h post co-culture. Fluorescence was assessed with FACSCalibur or LSR-II or with a Leica SP5 confocal scanning laser microscope and the analysis preformed with ImageJ imaging software.

348 Indirect/direct allorecognition assay using HLA class I monomers

To monitor the pathways of indirect allorecognition moDC or monocytes $(DR1^+/A2^-)$ were plated $(3x10^4)$ in round 96-well plates (Costar, USA) and incubated with different concentrations of HLA-A2 monomers (HLA-A2) or peptides. T-cells were added to the culture $\frac{5 \times 10^3}{4.44}$ or 1E2) and incubated at different time points. A CD4 T-cell clone $(5x10^3, 4.44)$ was used as a readout for indirect allorecognition and a CD8 T-cell clone $(5x10^3, 1E2)$ for direct/semi-direct allorecognition. Part of the supernatant was harvested and cells were pulsed with 0.5µCi ³H (Life science products Inc. USA) and incubated for 24h. Similarly (1×10^5) PBMCs were co-cultured with (5×10^3) T-cells (4.44 or 1E2) with different concentrations of HLA-A2. Co-cultures were incubated for 48h, supernatants

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3	358	collected and cells pulsed with ³ H for another 24h when proliferation was measured.
5 6 7	359	Inhibition of indirect allorecognition was achieved by titration of mouse anti-human
7 8 9	360	HLA-DR (B8.11.2, IgG2b) antibodies to the co-cultures.
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Figure legends:

Transplantation

Figure 1. T-cell clones recognize cellular fragments through semi-direct allorecognition but not through indirect allorecognition. A) $5x10^3$ CD4 T-cells (4.44) were cultured with their native ligand HLA-A2+/HLA-DR1+ EBV-LCLs. IFN- γ secretion was measured in the supernatants after 24h. B) HLA-A2-/HLA-DR1+ EBV-LCLs were pulsed with different HLA-A2 derived peptides and co-cultured with 4.44 T-cells. After 24h IFN- γ was measured in the supernatants. C) An HLA-A2 recognizing CD8 T-cell clone (1E2) and the 4.44 were co-cultured with K562 or HLA-A2 transfected K562 cells (SAL-A2) for 48h. Supernatants were then collected and IFN- γ measured. D) HLA-Typed moDC (HLA-DR1+/HLA-A2-) were cultured with or without fragments of SAL-A2 cells (1:1 ratio at 5×10^4 cells) for 48h after which 5×10^3 4.44 T-cells were added with or without HLA-A2 peptides. E) moDCs were also cultured with 1E2 cells (as described in D). All experiments were repeated three times, graphs represent the mean +SD of a single experiment conducted in triplicate. Dashed lines represent the detection limit of the ELISA used.

Figure 2. T-cell clones recognize necrotic cells through semi-direct allorecognition but not through indirect allorecognition. A-B) SAL-A2 cells were stained with HLA-A2-PE labeled antibodies or isotype control. Cells were either viable or necrotic. IFN- γ stimulated SAL-A2 cells were stimulated with 100ng/ml IFN- γ for 24h prior to HLA-A2 labeling. C-D) moDCs were labeled with PKH26 and SAL-A2 cells were labeled with CFSE. Necrosis was then induced and as a control viable cells were used. 1x10⁴ SAL-A2 cells were incubated in a 1:1 ratio with moDCs for 2 or 24h. Uptake of necrotic cells

by moDCs was quantified by flow cytometry double positive populations in the dotplots represent phagocytosis by moDCs which was also confirmed by confocal microscopy. E) Typed moDC (HLA-DR1+/HLA-A2-) were cultured with living/necrotic or IFN- γ stimulated necrotic SAL-A2 cells (1:1 ratio at $5x10^4$ cells) for 48h after which $5x10^3$ 4.44 T-cells were added with or without HLA-A2 peptides. F) moDCs were also cultured with 1E2 cells (as described in E). All experiments were repeated three times, graphs represent mean + SD of a single experiment conducted in triplicate. Confocal imaging was repeated twice. Dashed bar depicts the detection limit.

Figure 3. moDCs and monocytes present monomers to T-cells clones in a time and dose dependent manner. A-B) HLA-DR1+/HLA-A2- moDCs were incubated with HLA-A2 derived peptides(peptide pulsed) or HLA-A2 monomers(HLA-A2) in co-cultures with or without the 4.44 T-cells for 24h. Supernatants were collected and IFN- γ measured. HLA-A2- moDCs presented HLA-A2 monomer derived peptides in a dose dependent manner to the T-cells. C) HLA-Typed moDCs were incubated with HLA-A2 monomers for 1,2,4 and 6h, then washed thoroughly before the 4.44 T-cells were added for an additional 24h incubation. After a 24h incubation IFN-y was measured in the supernatants D) HLA-Typed moDCs were incubated with HLA-A2 monomers for 4h and then thoroughly washed. T-cells were then added immediately (0h), 24h or after 48h. Supernatants were harvested after 24h. E-F) HLA-DR1+/HLA-A2- monocytes were pulsed with an HLA-A2 derived peptide or different concentrations of monomers (HLA-A2) and co-cultured in the presence or absence of 4.44 T-cells. After 24h incubation IFN- γ was measured in the supernatants. All experiments were conducted in triplicate,

results indicate the mean + SD of one experiment in triplicate. Dashed bars indicate thedetection limit of the ELISA used. ND – Not detectable.

Figure 4. PBMCs can present HLA-A2 monomer derived peptides via HLA-DR1 with no measurable semi-direct alloreactivity. A-B) 1x10⁵ Typed HLA-DR1+/HLA-A2- PBMCs were incubated with different concentrations of HLA-A2 monomers or pulsed with an HLA-A2 peptide and co-cultured with or without $5x10^3$ 4.44 T-cells. 48h after incubation supernatants were collected and IFN-y measured. C-D) PBMCs were incubated with different concentrations of HLA-A2 monomers and co-cultured with either the indirect recognizing clone 4.44 (grey circles) or with the direct recognizing clone 1E2 (white circles) for 48h. IFN- γ and proliferation were analyzed as previously described. E) Different PBMC numbers were incubated with 25µg/ml HLA-A2 in the presence of 5×10^3 4.44 for 24 or 48h. Supernatants were then harvested and IFN-v measured. F) To test the minimal amount of T-cells needed to detect a response 4.44 were titrated and 25µg/ml HLA-A2 monomer was added in combination with 1x10⁵ HLA-typed PBMCs for 48h. Supernatants were then collected and IFN- γ measured G-H) PBMCs were co-cultured with 4.44 T-cells in the presence of 25µg/ml HLA-A2 for 24h with or without anti-HLA-DR monoclonal antibodies (mAb). The reciprocal dilution of the HLA-DR mAb is set on the x-axis. All experiments were conducted at least 3 times shown is the mean + SD of one experiment in triplicate. Dashed line represents the detection limit of the ELISA used. ND - Not detectable.



Figure 1. T-cell clones recognize cellular fragments through semi-direct allorecognition but not through indirect allorecognition. A) 5x103 CD4 T-cells (4.44) were cultured with their native ligand HLA-A2+/HLA-DR1+ EBV-LCLs. IFN-γ secretion was measured in the supernatants after 24h. B) HLA-A2-/HLA-DR1+ EBV-LCLs were pulsed with different HLA-A2 derived peptides and co-cultured with 4.44 T-cells. After 24h IFN-γ was measured in the supernatants. C) An HLA-A2 recognizing CD8 T-cell clone (1E2) and the 4.44 were cocultured with K562 or HLA-A2 transfected K562 cells (SAL-A2) for 48h. Supernatants were then collected and IFN-γ measured. D) HLA-Typed moDC (HLA-DR1+/HLA-A2-) were cultured with or without fragments of SAL-A2 cells (1:1 ratio at 5x104 cells) for 48h after which 5x103 4.44 T-cells were added with or without HLA-A2 peptides. E) moDCs were also cultured with 1E2 cells (as described in D). All experiments were repeated three times, graphs represent the mean +SD of a single experiment conducted in triplicate. Dashed lines represent the detection limit of the ELISA used.

28x18mm (600 x 600 DPI)

Transplantation



Figure 2. T-cell clones recognize necrotic cells through semi-direct allorecognition but not through indirect allorecognition. A-B) SAL-A2 cells were stained with HLA-A2-PE labeled antibodies or isotype control. Cells were either viable or necrotic. IFN-γ stimulated SAL-A2 cells were stimulated with 100ng/ml IFN-γ for 24h prior to HLA-A2 labeling. C-D) moDCs were labeled with PKH26 and SAL-A2 cells were labeled with CFSE. Necrosis was then induced and as a control viable cells were used. 1x10^4 SAL-A2 cells were incubated in a 1:1 ratio with moDCs for 2 or 24h. Uptake of necrotic cells by moDCs was quantified by flow cytometry double positive populations in the dotplots represent phagocytosis by moDCs which was also confirmed by confocal microscopy. E) Typed moDC (HLA-DR1+/HLA-A2-) were cultured with living/necrotic or IFN-γ stimulated necrotic SAL-A2 cells (1:1 ratio at 5x104 cells) for 48h after which 5x103 4.44 T-cells were added with or without HLA-A2 peptides. F) moDCs were also cultured with 1E2 cells (as described in E). All experiments were repeated three times, graphs represent mean + SD of a single experiment conducted in triplicate. Confocal imaging was repeated twice. Dashed bar depicts the detection limit. 17x14mm (600 x 600 DPI)







Figure 4. PBMCs can present HLA-A2 monomer derived peptides via HLA-DR1 with no measurable semidirect alloreactivity. A-B) 1x105 Typed HLA-DR1+/HLA-A2- PBMCs were incubated with different concentrations of HLA-A2 monomers or pulsed with an HLA-A2 peptide and co-cultured with or without 5x103 4.44 T-cells. 48h after incubation supernatants were collected and IFN-γ measured. C-D) PBMCs were incubated with different concentrations of HLA-A2 monomers and co-cultured with either the indirect recognizing clone 4.44 (grey circles) or with the direct recognizing clone 1E2 (white circles) for 48h. IFN-γ and proliferation were analyzed as previously described. E) Different PBMC numbers were incubated with 25µg/ml HLA-A2 in the presence of 5x103 4.44 for 24 or 48h. Supernatants were then harvested and IFN-γ measured. F) To test the minimal amount of T-cells needed to detect a response 4.44 were titrated and 25µg/ml HLA-A2 monomer was added in combination with 1x105 HLA-typed PBMCs for 48h. Supernatants were then collected and IFN-γ measured G-H) PBMCs were co-cultured with 4.44 T-cells in the presence of 25µg/ml HLA-A2 for 24h with or without anti-HLA-DR monoclonal antibodies (mAb). The reciprocal dilution of the HLA-DR mAb is set on the x-axis. All experiments were conducted at least 3 times shown is the mean

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+ SD of one experiment in triplicate. Dashed line represents the detection limit of the ELISA used. ND – Not detectable. 58x80mm (600 x 600 DPI)