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# Blood Lymphocytes from Ankylosing Spondylitis Patients Fail to Induce Disease-Specific Cytotoxic T Lymphocytes

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**ABSTRACT** *The intriguing observation made by Geczy et al (1) showing the possibility of generating specific ankylosing spondylitis-cytotoxic T lymphocytes by presenting HLA-B27 AS+ cells as antigen-specific stimulator cells prompted us (by using Geczy's approach) to identify cytotoxic T lymphocytes specific for this apparent B27+AS+ target structure. Peripheral blood mononuclear cells (PBMC) of 21 healthy B27+ individuals were stimulated in primary and in short-term cultures with PBMC of an HLA identical sibling suffering from definite AS (n = 12). In addition PBMC in vitro modified by Geczy bacterial products from two healthy B27+ individuals were used to stimulate B27+AS+ lymphocytes (either autologous or from a healthy HLA identical sibling). Effector cells raised in primary AS versus AS+ and AS versus modified B27 mixed lymphocyte culture combinations showed no proliferative nor cytotoxic activity at all. The scarcely observed cytotoxic reactivity of restimulated mixed lymphocyte culture was not restricted to AS B27+ cells. These results demonstrate that PBMC from ankylosing spondylitis patients fail to induce disease specific cytotoxic T lymphocytes and suggest that an ankylosing spondylitis-related modified B27 structure does not exist at least in the patient material tested.*

## ABBREVIATIONS

AS	ankylosing spondylitis	MLC	mixed lymphocyte culture
CML	cell mediated lymphocytotoxicity	MLR	mixed lymphocyte reaction
CTL	cytotoxic T lymphocyte	PBL	peripheral blood lymphocytes
ID	limiting dilution	PBMC	peripheral blood mononuclear cells
minor H	minor histocompatibility		

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## INTRODUCTION

The association of HLA B27 with ankylosing spondylitis (AS) still is one of the best examples of the association between human leukocyte antigens (HLA) and disease. Either the B27 gene product itself or a disease susceptibility gene product in tight linkage disequilibrium with B27 must account for the observed association between HLA and disease. So far no evidence favoring one of the latter possibilities has been presented.

It has been reported that antibacterial sera can distinguish lymphocytes of B27 AS patients from B27 healthy blood donors [2-5]. These findings suggested an interaction of enteric organisms (or their products) with B27. Independent laboratories have never succeeded in reproducing these results [6-8] although blind workshops confirmed that cells from AS patients could be distinguished from control cells with the Geczy sera [9-11].

The latter observation led to the hypothesis that there might exist an alien or modified structure on AS B27 cells. If so, the question could be raised whether allogeneic T cells also recognize a B27 associated structure on lymphocytes of AS patients. This possibility was examined by Geczy et al. [1] who reported the recognition of an AS associated structure by cytotoxic T lymphocytes (CTL). In two independent laboratories we performed similar experiments with an identical genetic design. In our hands no detectable proliferative or CTL responses were induced in mixed lymphocyte cultures (MLC) of cells from healthy individuals stimulated with cells from HLA identical AS patients.

## MATERIALS AND METHODS

**Cells** Peripheral blood lymphocytes (PBL) were isolated from debrinated blood of randomly selected healthy B27 blood donors, of definite AS patients (according to the New York criteria) and of healthy B27 siblings who were HLA identical with the AS proband but did not have evidence of sacroiliitis. This radiologic sign can be considered as a condition sine qua non for the diagnosis of AS. The cells were used fresh or were stored in liquid nitrogen until use.

Modified B27 AS cells were obtained by incubating cells with the culture filtrate K43 (obtained from A. F. Geczy) according to the protocol described in Materials and Methods by Geczy et al. [1]. Control cells were incubated with the culture filtrate I99.

**MIC** The proliferative activity of effector cells was measured in MLC by incubating  $5 \times 10^5$  responder cells with  $5 \times 10^5$  irradiated stimulator cells in 200  $\mu$ l of culture medium in microtiter plates. After 5 days of incubation  $^3$ H-thymidine was added and 24 hr later the incorporation was measured.

**CTL** The generation of AS specific effector cells and the testing for specific cytotoxic activity using the standard cell mediated lymphocytotoxicity (CML) assay have been carried out according to the protocol described in Materials and Methods by Geczy et al. [1].

**CTL lines** In a limiting dilution (LD) culture system CTL lines were generated. Graded numbers of responder PBL ( $10^2$ - $3 \times 10^5$ ) were stimulated with  $10^5$  irradiated PBL from an HLA identical AS affected sibling in 200  $\mu$ l of culture medium containing interleukin 2 (IL 2) (40 units/ml). After 6 days of incubation two samples of 50  $\mu$ l of the cell culture of each well were tested for specific cytotoxicity against stimulator and another AS B27 target cell in the CML.

assay. The remaining cells in individual wells were restimulated with  $10^5$  stimulator cells in 100  $\mu$ l fresh medium. Another screening for cytotoxicity was performed at day 12. Those cell cultures that were found to be positive on both target cells were transferred into wells containing 1 ml of culture medium and were restimulated with  $10^6$  stimulator cells at days 13 and 19. At days 15, 22 and 24 1 ml of medium containing II 2 was added. Cell cultures with abundant proliferation were divided. The CTL lines were tested for AS specific B27 associated cytotoxicity at day 25 against the stimulator cells and against two additional AS B27<sup>+</sup> and two AS B27<sup>-</sup> target cells at an effector to target ratio of 10:1 (the number of target cells was  $4 \times 10^3$ ).

## RESULTS

The cytotoxic activities of effector cells generated in 71 AS/AS HLA identical sibling responder/stimulator pairs within 10 families and in three AS/AS HLA class I identical (B27 subtype-matched) class II-nonidentical unrelated combinations (see Tables 1 and 2) were tested in the CML assay. In one HLA identical sibling pair (both healthy B27<sup>-</sup> individuals) effector cells were generated using stimulator cells that were modified with either a K13 or F99 (control) culture supernatant. Furthermore, cells from one randomly selected healthy B27<sup>-</sup> blood donor were stimulated with autologous cells either K13 or F99 modified. Cytotoxicity was measured after 6 days of culturing as well as after restimulation of CTL on day 14 of culture, as described in Tables 1 and 2.

In combinations of HLA identical siblings (AS/AS) the MLC was always found to be negative (proliferation was only tested in the combinations from Amsterdam). In none of the HLA identical AS/AS sibling combinations did the CML assay show specific lysis above that of the medium control of the stimulator or third party AS B27<sup>+</sup> target cells. Cells from the same responders stimulated against HLA class I- and class II-mismatched cells showed good proliferation and effectively lysed (30–60%  $^{51}\text{Cr}$  release) stimulator target cells. No specific lysis of AS<sup>+</sup> target cells was found in the AS/AS combinations of HLA class I- identical unrelated individuals differing in class II antigens although all had a positive MLC. Moreover, in none of the CTL raised against stimulator cells modified with bacterial culture filtrates was AS specific cytotoxicity detected. Representative results of the experiments are given in Figure 1.

Tekoff and Shaw [12] described in 1D culture system a primary in vitro method to generate HLA restricted CTL specific for minor histocompatibility (minor H) antigens between HLA identical siblings. The possibility of producing AS specific CTL in such a 1D system was examined. From four AS/AS sibling

TABLE 1. Cells used in Amsterdam for the induction of AS specific CTL

Combination	Responder cells	Stimulator cells
<i>Amsterdam</i>		
HLA class I identical	B27 <sup>+</sup> AS	B27 <sup>+</sup> AS
HLA class II identical	n = 15	(n = 6)
<i>Unrelated</i>		
HLA class I identical	B27 <sup>+</sup> AS	B27 <sup>+</sup> AS
HLA class II different	n = 5	(n = 5)

Cells were stimulated after 6 days in 1D culture system and restimulated target cells. In combinations AS/AS sibling pairs were tested as described in Materials and Methods.

TABLE 2 Cells used in Leiden for the induction of AS specific CTL

Combinations	Responder cells (r.c.)	Stimulator cells (s.c.)	Target cells
<i>Siblings</i> HLA class I- and class II identical	B27 AS (n = 6)	B27 AS (n = 6)	Autologous (r.c. r.c.) Specific s.c. Unrelated B27 AS (n = 1) Unrelated B27 AS (n = 2)
<i>Siblings</i> <sup>a</sup> HLA class I- and class II identical	B27 AS (n = 1)	B27 AS K43 modified	Autologous (r.c. r.c.) Specific s.c. K43 modified Specific s.c. F99 modified Unrelated B27 AS (n = 1) Unrelated B27 AS (n = 2)
	Same r.c.	Same s.c. F99 modified	
<i>Unrelated</i>	B27 AS (n = 1)	Autologous (r.c. r.c. K43 modified)	Specific s.c. K43 modified Specific s.c. F99 modified Unrelated B27 AS (n = 1)
	Same r.c.	Autologous (r.c. r.c. F99 modified)	Unrelated B27 AS (n = 2)

All target cells are used without any mitogenic stimulation (i.e. 6 days PBL identical to the protocol used by Gecczy et al. [1]) as well as stimulator cells 72 hr with phytohemagglutinin.

<sup>a</sup> The responder cell population was stimulated with cells from the HLA identical sibling donor mixed with either K43 (modifying factor) or I 29 (negative control supernatant). Both culture filtrates come from one of the cross reactive organisms (see Materials and Methods Gecczy et al. [1]).

The responder cell population has been modified with K43 as well as with F99 and is used as stimulator/target cells.

pairs T cell lines were generated and tested for AS specific cytotoxicity. Some CTL lines were cytotoxic for stimulator target cells, some third party AS B27<sup>+</sup> as well as AS B27<sup>-</sup> target cells. Other T cell lines lysed some third party target cells but were not reactive with the specific stimulator cells. None of the cell lines were able to distinguish AS<sup>+</sup> from AS<sup>-</sup> target cells.

## DISCUSSION

Our experiments carried out in a similar way to those of Gecczy et al. [1] did not produce the same results. Due to variations between laboratories, it is difficult to ascertain whether the techniques employed were really identical. However, we are not aware of important technical differences that might account for the observed discrepancies. On the other hand, the patient (and control) selection could play a role. In the work of Gecczy, the positive results emerged from two HLA identical AS/AS sibling pairs; we have examined 21 such combinations (see Tables 1 and 2) without finding a single positive combination. Although there may be some differences in the patients examined, it is difficult to accept such a critical degree of discrepancy in the clinical diagnosis of the disease. In fact, the latter explanation for discrepancy can be excluded due to the presence of the serologically detectable Gecczy factor on the cells of Dutch AS patients in previous blind workshops [10, 11]. Moreover, in our experiments, no CTL activity was measured in the cultures with K43 modified stimulator cells.

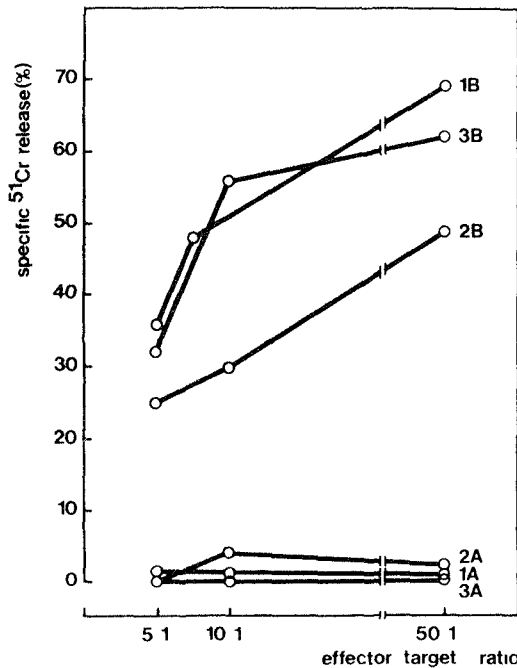


FIGURE 1. Illustrative examples of absence of AS specific cytotoxicity. Effector cells were generated in (1) HLA identical AS/AS sibling pairs (2) unrelated HLA class I identical AS/AS pairs and (3) AS B27<sup>+</sup> blood donors stimulated with autologous GM-CSF factor K15-modified cells. AS specific cytotoxic activity was tested on the respective AS stimulator target cells (1A-2A-3A). Allospecific cytotoxicity of effector cells from the same responders stimulated with allogeneic cells was tested on the respective stimulator target cells (1B-2B-3B).

The framework of the experiments has been extended by efforts to produce anti-AS CTL lines in short term cell cultures. However, no AS specific CTL lines could be detected. The cytotoxicity between HLA identical sibling pairs observed in some cases was not restricted to B27<sup>+</sup> AS target cells and might be due to the recognition of minor H antigens. From the results of our control experiments we can conclude that all cells were in good condition. Effective CTL could be generated if an appropriate alloantigen was presented for stimulation. All stimulator cells used were able to induce proliferation and could be recognized

by specifically raised effector cells in HLA class I- and class II-mismatched combinations. However, in our experimental assay the disease and/or B27-associated structure apparently is not antigenic enough for AS specific CTL induction.

In conclusion, for reasons which are not clear to us, we have not been able to induce AS specific CTL by MLC of B27<sup>-</sup> AS<sup>-</sup> and B27<sup>+</sup> AS<sup>+</sup> cells or by B27<sup>-</sup> AS<sup>-</sup> cells modified with K43 supernatant culture filtrate. The possible modification of MHC antigens on cells with the DR2/DQ1 haplotype of patients with narcolepsy has been studied in a similar genetical set up by Strohmaier et al. [13]. Narcolepsy is the disease with the strongest HLA association, nearly 100% of the patients are DR2/DQ1<sup>+</sup>. It was reported that no disease related alteration of DR2 and DQ1 molecules on cells of narcolepsy patients could be detected by normal T lymphocytes.

Further experiments may elucidate whether disease specific structures do exist on lymphocytes of patients with HLA associated diseases and if so, which of the variables are uniquely critical for the activation of disease specific T lymphocytes.

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