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Dolff, Sebastian; Abdulahad, Wayel H; Wilde, Benjamin

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### **COMMENT**

# Intrinsic T-cell regulator miR-142-3p/5p - a novel therapeutic target?

Sebastian Dolff (1)<sup>1</sup>, Wayel H. Abdulahad (1)<sup>2</sup> and Benjamin Wilde<sup>3</sup>

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Systemic lupus erythematosus (SLE) is an autoimmune disease characterized by the presence of autoantibodies against various self-antigens. Systemic inflammation affects the skin, joints, central nervous system and, in particular, kidneys through so-called lupus nephritis (LN). The exact pathogenesis of systemic lupus erythematosus remains unclear. However, a growing body of evidence suggests that B-cells, a source of autoantibodies and effector T-cells, contribute to the pathogenesis of SLE by secreting cytokines. T-cell/B-cell interaction via their costimulation is crucial for an orchestrated immune response. This interaction is modulated by IL-21-producing T-follicular helper (T<sub>fh</sub>) cells, which are located mainly in germinal centers. T<sub>fh</sub> cells are required to help B-cells secrete high-affinity IgG antibodies.

The delicate balance between regulatory and effector cells is important for immune tolerance. Specialized cell subsets, such as regulatory T-cells (T<sub>regs</sub>), defined as CD4<sup>+</sup>CD25<sup>high</sup>CD127<sup>dim-</sup> FoxP3<sup>+</sup> T-cells, and the more recently discovered regulatory Bcells (B<sub>regs</sub>), can regulate the T-cell and B-cell immune response and hyperactivity.  $B_{regs}$  are widely defined as CD19 $^+$ CD24 $^{high}$ CD38 $^{high}$ IL-10 $^+$  B-cells, but a unique phenotype is lacking. In addition to immunoregulation by cell-cell interactions and the ligation of costimulatory molecules, microRNAs (miRNAs) with immunomodulatory properties were described in a remarkable finding, miRNAs, which are singlestranded RNAs of ~22 nucleotides, are potent negative regulators of gene activity. Previous studies have demonstrated that miRNAs can regulate various immune cells, particularly Tcells. Thus, the role of miRNAs as potential biomarkers in several autoimmune diseases, including rheumatoid arthritis, psoriasis, and multiple sclerosis, was tested. Interestingly, few studies had investigated the role of miR-142-3p/5p in systemic lupus erythematosus before the present elegant study by Ding et al.<sup>3</sup> was published.

The authors demonstrated in a previous study that miR-142-3p/5p could reduce CD84, IL10, and SAP protein levels in the T-cells of SLE patients via its interaction with the 3'-UTR of the target mRNA. In contrast, overexpression of miR-142-3p/5p reduced IgG production and significantly decreased the levels of CD40L, ICOS, IL-4, IL-10, and IL-21, which are crucial for T-cell activation. In the context of these data, miR-142-3p/5p expression was analyzed in CD4<sup>+</sup> T-cells from SLE patients, which were exposed ex vivo to mycophenolic acid (MPA). Interestingly, this frequently used immunomodulating drug in clinical practice upregulated miR-142-3p/5p in CD4<sup>+</sup> T-cells.

MPA was suggested to increase H4 acetylation of a putative regulatory region of miR-142e. A more recent study in patients with granulomatosis with polyangiitis (GPA) demonstrated that miR-142-3p overexpression can also decrease  $T_{\rm reg}$  function in patients with GPA. This impaired  $T_{\rm reg}$  function might be explained by the ADCY9-dependent downregulation of cAMP, a pivotal axis that is prominent in the suppressive function of  $T_{\rm regs}$ . Thus, the upregulation and inhibition of the miR-142-3p pathway can affect the regulatory and effector cell compartments, respectively.

This study in the present issue is sound and unravels a new mechanism by which miR-142-3p/5p functions. Ding et al. used a sophisticated experimental approach to prove the hypothesis that the altered protein expression of B cell lymphoma 6 (BCL-6), which potentially binds to the miR-142-3p/5p promotor region, suppresses miR-142-3p/5p expression in the CD4<sup>+</sup> T-cells of SLE patients (Fig. 1). It was demonstrated before that the two known isoforms of MIR142 exhibit different expression patterns. Whereas miR142p3 is preferentially expressed by effector T-cells, T<sub>regs</sub> express high levels of miR142p5.<sup>7–9</sup> This pattern is closely related to the differential impact of the miR142 isoforms on cellular cAMP levels. miR142p5 mainly inhibits the hydrolysis of cAMP via suppression of the enzyme phosphodiesterase-3b (PDE3b) and thereby upregulates cellular cAMP levels. In contrast, miR142p3 attenuates cAMP generation by repressing adenyl cyclase 9 (AC9), an enzyme that enhances cAMP generation. Thus, miR142p3 decreases the levels of intracellular cAMP in effector T-cells, promoting effector activity.

T<sub>regs</sub> make use of a suppressive mechanism known as metabolic disruption. During metabolic disruption, cAMP is transferred from Tregs to target cells, inducing suppression and anergy. Therefore, miR142p5 is critical for T<sub>reg</sub> function as high cellular cAMP levels are required for proper suppressive activity. A specialized T<sub>reg</sub> subset, the so-called regulatory follicular Thelper (rTfh) cells, was previously shown to regulate Tfh cell and B-cell activity. 10 A hallmark of this subset of cells is their coexpression of BCL-6 and FoxP3. Ding et al. did not further differentiate between rTfh and Tfh cells. However, it would be interesting to know whether the impact of BCL-6 on miR142 depends on the cell subset i.e., whether the BCL-6-mediated regulation of miR142 is different in regulatory versus effector Tfh cells. Indeed, Dekkema et al. recently reported that in patients with autoimmune vasculitis, T<sub>regs</sub> harbor higher levels of miR142p3, while miR142p3 levels in effector T-cells were similar

<sup>1</sup>Department of Infectious Diseases, University Hospital Essen, University of Duisburg-Essen, Essen, Germany; <sup>2</sup>Department of Rheumatology and Clinical Immunology, University Medical Centre Groningen, University of Groningen, Groningen, Netherlands and <sup>3</sup>Department of Nephrology, University Hospital Essen, University of Duisburg-Essen, Essen, Germany

Correspondence: Sebastian Dolff (Sebastian.Dolff@uk-essen.de)

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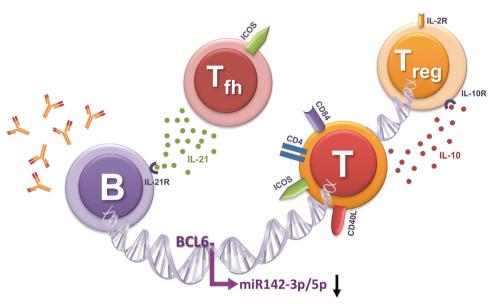


Fig. 1 This figure illustrates the interaction between B-cells and T-cells. Follicular T-helper ( $T_{fh}$ ) cells and regulatory T-cells ( $T_{regs}$ ) can promote and inhibit immune response, respectively. The B cell lymphoma 6 (BCL-6) protein potentially binds to the miR-142-3p/5p promoter region and suppresses miR-142-3p/5p expression, which in turn enhances the expression of costimulatory molecules (CD40L, ICOS, and CD84) and cytokines (IL-4, IL-10, and IL-21) by T-cells, increases IgG production by B cells, and modulates the suppressive function of  $T_{regs}$ 

in patients compared to healthy controls. The authors demonstrated that the transfection of healthy Tregs with miR142p3 inhibited their suppressive function. In addition to the lineage-specific regulatory effect of BCL-6 on miR142, it will be important to further elucidate whether specific isoforms of miR142 are dysregulated in SLE in future studies. These data would provide important insights into whether disturbances are dependent on T-cell lineage.

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