

# Integrin Expression by Human Epidermal Keratinocytes Can Be Modulated by Interferon- $\gamma$ , Transforming Growth Factor- $\beta$ , Tumor Necrosis Factor- $\alpha$ , and Culture on a Dermal Equivalent

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Receptors of the integrin family are largely confined to the basal layer of keratinocytes, both in human epidermis and in stratified cultures of human keratinocytes. However, suprabasal integrin expression is observed during epidermal wound healing and in psoriatic lesions. We have investigated potential stimuli of suprabasal expression. Addition of transforming growth factor- $\beta$  (TGF- $\beta$ ), interferon- $\gamma$  (IFN- $\gamma$ ), or tumor necrosis factor- $\alpha$  (TNF- $\alpha$ ) to keratinocytes cultured with a 3T3 feeder layer did not induce suprabasal expression. The cytokines caused small changes in the levels of  $\alpha_2\beta_1$  or  $\alpha_3\beta_1$  on the surface of basal keratinocytes but had no significant effect on the proportion of cells adhering to fibronectin, type IV collagen, and laminin, and did not cause changes in the mobility of integrin subunits on polyacrylamide gels. Injection of TNF- $\alpha$  or IFN- $\gamma$  intradermally into healthy human volunteers induced an

inflammatory response but did not induce suprabasal integrin expression. However, we did observe transient suprabasal integrin expression when keratinocytes were grown on a dermal equivalent consisting of fibroblasts in a collagen gel. One week after raising the cultures to the air-liquid interface,  $\beta_1$  integrins were found in all the viable cell layers, with suprabasal cells co-expressing integrins and involucrin; 1 week later integrins were confined to the basal layer. Addition of TGF- $\beta$ , IFN- $\gamma$ , or TNF- $\alpha$  to the dermal equivalents neither induced nor inhibited suprabasal integrin expression. We conclude that suprabasal integrin expression is not induced by the inflammatory cytokines tested, and instead may reflect the proliferation/differentiation status of the epidermis. *Key words: differentiation/inflammation/proliferation/adhesion. J Invest Dermatol 104:260-265, 1995*

Integrins are  $\alpha/\beta$  heterodimeric adhesive receptors that are expressed on most cell types and have a variety of functions [1]. Cultured human keratinocytes express several integrins with a common  $\beta$  subunit, including  $\alpha_2\beta_1$ , which mediates binding to collagen and laminin;  $\alpha_3\beta_1$ , a receptor for laminin and epiligrin; and  $\alpha_5\beta_1$ , the fibronectin receptor [2-6]. Keratinocytes also express  $\alpha_v\beta_5$ , which is a vitronectin receptor [5,7], and  $\alpha_6\beta_4$ , a component of hemidesmosomes, the ligand for which remains to be established unequivocally in keratinocytes [5,8-10]. Experiments with cultured keratinocytes have demonstrated that integrins have a number of functions within the epidermis. They not only mediate keratinocyte adhesion to extracellular matrix proteins, but also play a role in lateral migration, stratification, the regulation of terminal differentiation [2,11-13], and intercellular adhesion ([3,14,15], but see also [16]). Furthermore, basal keratinocytes with characteristics of stem cells can be

isolated on the basis of high surface expression of the  $\beta_1$  integrins [17].

Integrin expression is normally confined to the basal layer of keratinocytes, both *in vivo* and in stratified cultures [5,18-22]. However, suprabasal integrin expression has been observed during epidermal wound healing [22,23] and in certain disease states. In wound healing, suprabasal expression is transient: co-expression of integrins and specific markers of terminal differentiation is observed at the time of wound closure, when the epidermis is hyperproliferative, but is absent 1 week later [22]. Suprabasal expression also has been noted in benign hyperproliferative disorders: in psoriatic lesions [22,24-27], eczema, and lichen planus [26].

To understand the significance of suprabasal integrin expression in the epidermis, we have begun to investigate potential stimuli. Release of cytokines by the inflammatory infiltrate characteristic of psoriatic lesions and wounds has been well documented [28,29]. Cytokines regulate many aspects of keratinocyte behavior, including proliferation [30,31], migration [32,33], and communication with cells of the immune system [28]. In addition, specific cytokines have been shown to up-regulate integrin expression in a range of cell types [34-41]. We selected three cytokines for study—interferon- $\gamma$  (IFN- $\gamma$ ), transforming growth factor- $\beta$  (TGF- $\beta$ ), and tumor necrosis factor- $\alpha$  (TNF- $\alpha$ )—because of their reported presence or up-regulation in inflamed skin [28,42,43], their effects on integrin

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Abbreviation: FAD + FBS + HICE, keratinocyte growth medium.

expression [35,36,38,39], and their ability to influence keratinocyte proliferation and/or terminal differentiation [31,44–47].

We report that, in contrast to expectations, IFN- $\gamma$ , TGF- $\beta$ , and TNF- $\alpha$  did not induce suprabasal expression and had only modest effects on integrin expression by basal keratinocytes. However, if keratinocytes were cultured under standard conditions on a dermal equivalent, transient suprabasal expression was observed.

## MATERIALS AND METHODS

**Cell Cultures for Cytokine Treatments** Human epidermal keratinocytes from neonatal foreskins (strains kc, kd, kf, kk, and z, passage numbers 3–5) were cultured in the presence of a feeder layer of mitomycin-C-treated 3T3-J2 cells, as described previously [48]. The culture medium consisted of one part Ham's F12 medium and three parts Dulbecco's modification of Eagle's medium supplemented with  $1.8 \times 10^{-4}$  M adenine (FAD), 10% fetal bovine serum (FBS), 0.5  $\mu$ g/ml hydrocortisone, 5  $\mu$ g/ml insulin,  $10^{-10}$  M cholera toxin and 10 ng/ml epidermal growth factor (HICE) (FAD + FBS + HICE).

Preconfluent cultures were treated with cytokines in FAD + FBS + HICE for 24 or 48 h. Human recombinant IFN- $\gamma$  was a generous gift of I. Kerr (Imperial Cancer Research Fund [ICRF]). Human TGF- $\beta$ 1 was obtained from the National Reference Standards Laboratory (South Mimms, Herts, UK) or from Sigma Chemical Co. (Poole, UK). Human recombinant TNF- $\alpha$  was obtained from the National Reference Standards Laboratory or was generously provided by F. Balkwill (ICRF).

Sheets of keratinocytes were harvested with 2.5 mg/ml Dispase 1–5 d post-confluence, as described previously [49], and frozen in an isopentane bath in liquid nitrogen. Six-micrometer frozen sections were prepared using a cryostat.

**Immunofluorescence Staining of Sections** The primary antibodies (mouse monoclonals) used were as follows: HAS4 (anti- $\alpha_2$  [16]), VM-2 (anti- $\alpha_3$  [50]), anti-CD29 (anti- $\beta_1$ ; Janssen, UK), P5D2 (anti- $\beta_1$ ; Developmental Studies Hybridoma Bank [51]), and 15.2 (anti-intercellular adhesion molecule-1 [ICAM-1]; gift of N. Hogg; ICRF [52]). Primary antibodies were detected with fluorescein isothiocyanate (FITC)-conjugated anti-mouse IgG (Sigma; Zymed, South San Francisco, CA; or Jackson ImmunoResearch Laboratories Inc., West Grove, PA) or biotinylated anti-mouse IgG followed by FITC-streptavidin (Amersham International, UK).

Sections were stained essentially as described previously [21,22]. Briefly, sections were fixed for 30 min in 4% formaldehyde in phosphate-buffered saline (PBS) containing 1 mM magnesium chloride and 1 mM calcium chloride (PBS ABC), blocked in 0.1 M glycine in PBS ABC, and incubated for 30 min in PBS ABC containing 0.1% bovine serum albumin (BSA), 0.02% Triton X-100 (PBS/BSA/Triton), to which 0.02% sodium azide was added as preservative. The first antibody was applied for 1 h at room temperature, and then sections were washed three times over a period of 45–60 min in PBS/BSA/Triton. The second antibody was added, and sections were incubated and washed as before. Finally, sections were mounted in DABCO mounting medium. Controls consisted of omitting each primary antibody.

In some experiments, we performed double-label immunofluorescence for  $\beta_1$  integrins and involucrin. The  $\beta_1$  subunit was detected with P5D2 and involucrin with a rabbit polyclonal antiserum, DH1 [53]. Unfixed frozen sections were incubated with a mixture of P5D2 and DH1, rinsed thoroughly in PBS containing 0.1% BSA and 0.05% Tween 20, then incubated with a mixture of FITC-conjugated sheep anti-mouse IgG (Jackson ImmunoResearch Laboratories) and RITC-conjugated goat anti-rabbit IgG and washed as before.

**Flow Cytometry** Preconfluent keratinocyte cultures were harvested with trypsin/ethylenediamine tetraacetic acid, washed in serum-containing medium, and resuspended in cold PBS ABC (4°C) containing the appropriate antibody. Antibodies used were FITC conjugates of anti-CD29, HAS4, VM-2, and anti-CD8 (Sigma). (CD8 is involved in major histocompatibility complex class I-restricted antigen recognition and is not expressed by keratinocytes; the antibody was used as a control for nonspecific binding.) Cells were incubated with antibodies for 20–30 min on ice, washed in cold PBS ABC, and analyzed in a FACScan Flow Cytometer, acquiring 10,000 events per sample with settings determined previously for keratinocytes [17]. Propidium iodide, 50  $\mu$ g/ml, was added to samples immediately before analysis so that dead cells could be gated out.

Basal keratinocytes can be distinguished from suprabasal, terminally differentiating cells on the basis of their forward and side light-scatter characteristics [17]. The fluorescence of cytokine-treated basal keratinocytes was compared with that of control basal cells by normalizing the

modal fluorescence values; data are expressed as percentage differences in fluorescence.

**Immunoprecipitation** Preconfluent cultures of keratinocytes were labeled overnight with 50  $\mu$ Ci/ml  $^{35}$ S-methionine and cysteine (Trans $^{35}$ -Label, ICN; specific activity 1180 Ci/mmol) in FAD + FBS + HICE, then extracted and immunoprecipitated as described previously [5,12]. The lysis buffer consisted of 150 mM sodium chloride, 1% Nonidet P-40, 50 mM Tris-HCl pH 7.5, 0.1 mg/ml leupeptin, and 2 mM phenylmethylsulfonyl fluoride. Lysates containing  $10^6$  trichloroacetic-acid-precipitable counts were incubated with anti-CD29 for at least 90 min on ice and then mixed, end over end, at 4°C with protein A Sepharose (Pharmacia) for at least 60 min. The beads were recovered, washed, and resuspended in polyacrylamide gel electrophoresis sample buffer (non-reducing). Samples were electrophoresed on 7.5% polyacrylamide gels using the buffer system of Laemmli [54]. Gels were stained with Coomassie blue, destained, incubated in Amplify (Amersham International), dried down, and exposed to XAR-5 film (Kodak).

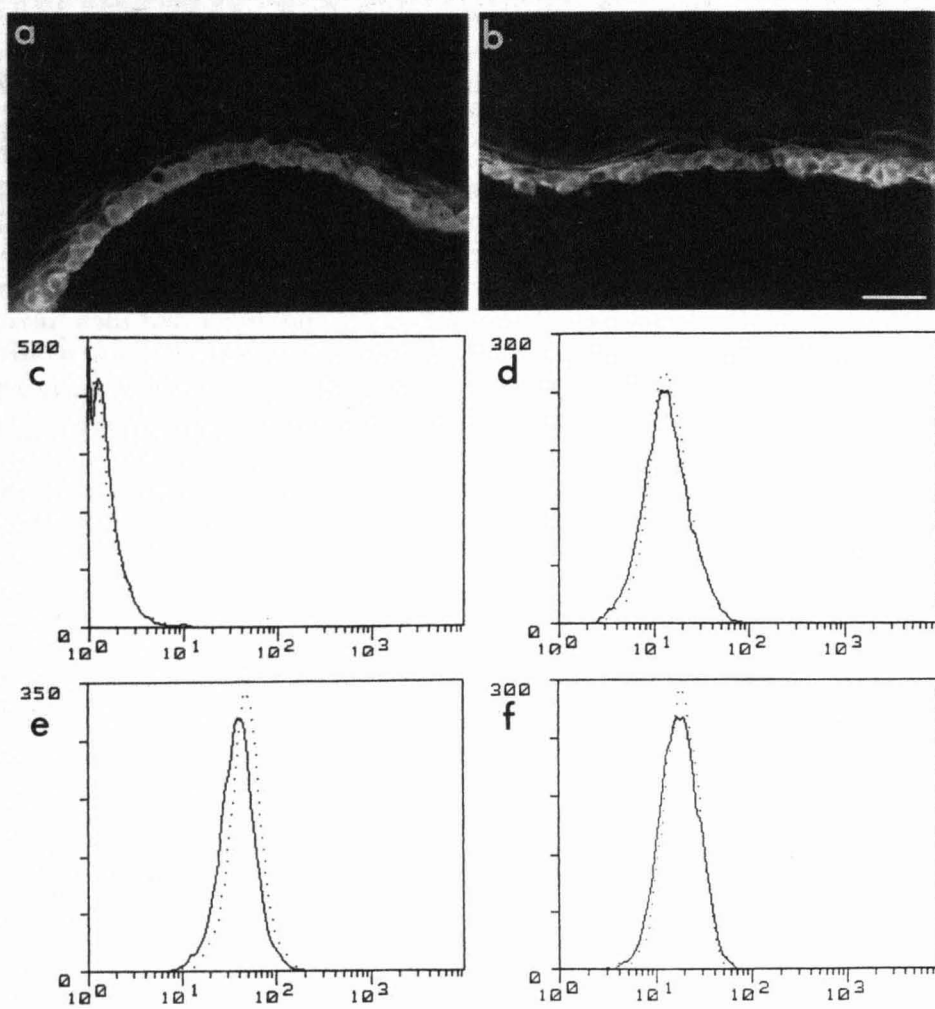
**Adhesion Assays** Bacteriologic 96-well plates (Linbro, Flow Laboratories, McLean, VA) were coated with 10  $\mu$ g/ml extracellular matrix (ECM) proteins, essentially as described by Adams and Watt [5]. Laminin from the Engelbreth-Holm-Swarm murine sarcoma and human placental type IV collagen were purchased from Sigma. Human plasma fibronectin was obtained from BioProducts Laboratory (Elstree, UK). ECM proteins were diluted in PBS ABC and incubated in the 96-well plates overnight at 4°C. After coating, plates were washed three times in PBS ABC and blocked with 0.5 mg/ml heat-denatured BSA (fraction V, Ig-free, Sigma) for 1–2 h at 37°C. Keratinocytes were harvested in trypsin/ethylenediamine tetraacetic acid (after removal of 3T3-J2) and washed in 1 mg/ml soybean trypsin inhibitor (Sigma), then plated in serum-free FAD at a density of  $10^3$  (fibronectin, type IV collagen) or  $10^4$  (laminin) cells per well in triplicate wells and incubated at 37°C for 3 h. Nonadherent cells were removed, and adherent cells were fixed for 45 min in 4% formaldehyde in PBS ABC at room temperature. Plates were rinsed three times in PBS ABC and stained with 1% methylene blue in PBS for 45–60 min at room temperature. Plates were washed twice with distilled water and air-dried. Three or five fields per well were counted using a graticule, and results were expressed as a percentage of the number of cells plated per well. The number of cells that adhered to heat-denatured BSA in the absence of ECM proteins was subtracted from the results.

**In Vivo Injection of Cytokines** Volunteers received intradermal injections to one buttock of either 10  $\mu$ g IFN- $\gamma$  (specific activity  $1 \times 10^7$  U/mg, kind gift of Biogen Inc., Cambridge, MA) or 100 U recombinant human TNF- $\alpha$  (kind gift of Knoll AG, Ludwigshafen, Germany) and were biopsied at 6 h (TNF- $\alpha$ ), 24 h (IFN- $\gamma$ ), or 48 h (IFN- $\gamma$ ). An additional group received three daily injections of IFN- $\gamma$  (10  $\mu$ g) or TNF- $\alpha$  and were biopsied 2 d after the final injection (i.e., day 5). In all volunteers, PBS was injected to the contralateral buttock in identical manner as a control. Six-millimeter punch-biopsy specimens were obtained from cytokine-injected and control sites under local anesthesia, snap frozen, and stored in liquid nitrogen before immunostaining. At least three volunteers in each group were studied. The study was carried out with the approval of Guy's Hospital Ethical Committee and with the informed consent of the volunteers.

**Dermal Equivalent Cultures** Dermal equivalents consisted either of a gel of 2.3 mg/ml bovine dermal collagen (Vitrogen; Collagen Corp., Fremont, CA) containing 3T3-J2 cells or human dermal fibroblasts, or a collagen-coated membrane insert (Cellagen, ICN) with 3T3-J2 cells or human dermal fibroblasts seeded on the undersurface. Cultures on collagen gels contracted during the course of the experiments, whereas cultures on collagen membranes did not. Keratinocytes were seeded immediately after the equivalent was prepared or 1 d later; the same results were obtained in each case. Keratinocytes were seeded at a density of  $10^5$  per 8 cm $^2$  of dermal equivalent and grown to confluence submerged in FAD + FBS + HICE. Thereafter, cultures were raised to the air-medium interface for 1 or 2 weeks; in the case of the collagen gels, this was achieved by placing them on a stainless-steel grid. These methods are based on those described by other workers [55,56]. Dermal equivalent cultures were frozen in an isopentane bath cooled in liquid nitrogen; 6- $\mu$ m sections were prepared and stained as described above.

## RESULTS

**IFN- $\gamma$ , TGF- $\beta$ , and TNF- $\alpha$  Treatment Results in Small Changes in  $\beta_1$  Integrin Levels in Culture** Keratinocytes cultured according to the Rheinwald and Green technique [48]



**Figure 1. IFN- $\gamma$  does not induce suprabasal integrin expression and has a small effect on integrin levels in basal keratinocytes.** *a,b*) Sections of Rheinwald and Green cultures stained with antibody to the  $\beta_1$  integrin subunit by immunofluorescence. *a*) Control; *b*) treated with 200 U/ml IFN- $\gamma$  for 5 d. Bar, 50  $\mu$ m. *c-f*) Flow cytometry profiles of keratinocytes stained with antibodies to the following antigens: *c*) CD8 (negative control); *d*)  $\alpha_2$ ; *e*)  $\alpha_3$ ; *f*)  $\beta_1$  integrin subunits. Dotted lines show keratinocytes treated with 200 U/ml IFN- $\gamma$  for 24 h. Solid lines show control (untreated) keratinocytes. Vertical axes, cell number; horizontal axes, fluorescence in arbitrary units on a log scale.

with a 3T3 feeder layer were treated with IFN- $\gamma$  (200 or 500 U/ml), TGF- $\beta$  (1 or 10 ng/ml), or TNF- $\alpha$  (10 or 50 ng/ml) for 24 h or 48 h, and the effects of the cytokines on integrin expression and function were determined. As reported previously [57,58], ICAM-1 was induced with both concentrations of IFN- $\gamma$  (data not shown).

None of the cytokines induced suprabasal integrin expression at either time point examined. Sections through confluent cultures showed no differences in  $\beta_1$  integrin distribution, with strong staining in the basal layer and weak or undetectable staining of the suprabasal cells (Fig 1*a,b* and results not shown).

Flow cytometric analysis revealed that the cytokines had only small effects on the level of integrin expression in basal keratinocytes (Table I; Fig 1*c-f* and data not shown). IFN- $\gamma$  caused an increase in  $\alpha_3$  and  $\beta_1$  fluorescence. TGF- $\beta$  caused an increase in levels of the  $\alpha_2$ ,  $\alpha_3$ , and  $\beta_1$  subunits, and TNF- $\alpha$  induced an increase in  $\alpha_2$  and  $\beta_1$  fluorescence and a decrease in  $\alpha_3$  fluorescence. Metabolic labeling and immunoprecipitation showed no differences in the mobility or relative abundance of the mature  $\alpha$  and  $\beta_1$  integrin subunits or the immature (underglycosylated)  $\beta_1$  subunit (Fig 2), suggesting that there were no effects of the cytokines on post-translational modifications of the  $\beta_1$  integrins such as glycosylation.

In keratinocytes, as in other cell types, integrin function can be regulated independently of expression levels [1,2,59]. We therefore examined whether any of the cytokines had an effect on the proportion of keratinocytes adhering to type IV collagen, laminin, or fibronectin. IFN- $\gamma$ , TGF- $\beta$ , and TNF- $\alpha$  caused no statistically significant increase or decrease in the proportion of keratinocytes adhering (Fig 3 and results not shown). Addition of cycloheximide

(20  $\mu$ g/ml) at the time of plating the cells on ECM proteins inhibited protein synthesis by 95% or more and reduced the proportion of adherent cells by between 5% and 10% in both control and cytokine-treated keratinocytes (not shown). This suggests that the cytokines did not differentially affect synthesis of ECM proteins.

**Suprabasal Integrin Expression is Not Induced by Intradermal Injection of IFN- $\gamma$  or TNF- $\alpha$**  Having seen little effect of the inflammatory cytokines on integrin expression in cultured keratinocytes, we investigated whether administration *in vivo* resulted in any changes in integrin expression. Healthy volunteers were injected with IFN- $\gamma$ , TNF- $\alpha$ , or PBS (as a control) and were biopsied up to 5 d later. Sections were stained with antibodies to the  $\alpha_2$ ,  $\alpha_3$ , and  $\beta_1$  integrin subunits (Fig 4*c-f* and results not shown). None of the treatments resulted in any change in keratinocyte integrin expression, although ICAM-1 was induced by IFN- $\gamma$  (Fig 4*a,b*), as reported previously [60].

**Suprabasal Integrin Expression Is Observed in Dermal Equivalent Cultures** Having failed to induce suprabasal integrin expression by treating keratinocytes with cytokines *in vitro* or *in vivo*, we examined whether there were any other *in vitro* conditions that resulted in suprabasal integrin expression. We prepared cultures in which keratinocytes were seeded on a gel of type I collagen containing 3T3 cells and cultured at the air-medium interface, as keratinocytes grown on a dermal equivalent express a greater range of morphologic and molecular markers of terminal differentiation than do keratinocytes cultured on tissue culture plastic in the presence of a 3T3 feeder layer [61]. We found that in cultures that had been raised to the air-medium interface for 1 week,  $\beta_1$  integrins could be found in all the living suprabasal layers (Fig 5*a,b*). However, in cultures maintained for an additional week, integrin expression was confined to the basal layer (Fig 5*c,d*). Substitution of primary human dermal fibroblasts for the 3T3 cells in the collagen gel did not alter the pattern of integrin expression (not shown), nor did using a collagen-coated culture dish insert onto which feeders had been plated.

We also tested the effects of IFN- $\gamma$  (200 and 500 U/ml), TGF- $\beta$  (1 and 10 ng/ml), and TNF- $\alpha$  (10 and 50 ng/ml). The cytokines were added to the dermal equivalent cultures on days 1, 3, 5, and 12, and the cultures were examined 48 h later. None of the cytokines either induced or suppressed suprabasal integrin expression (Fig 5*e* and data not shown). Double-label immunofluorescence revealed that suprabasal cells expressing  $\beta_1$  integrins also expressed the differentiation marker involucrin (Fig 5*e,f*).

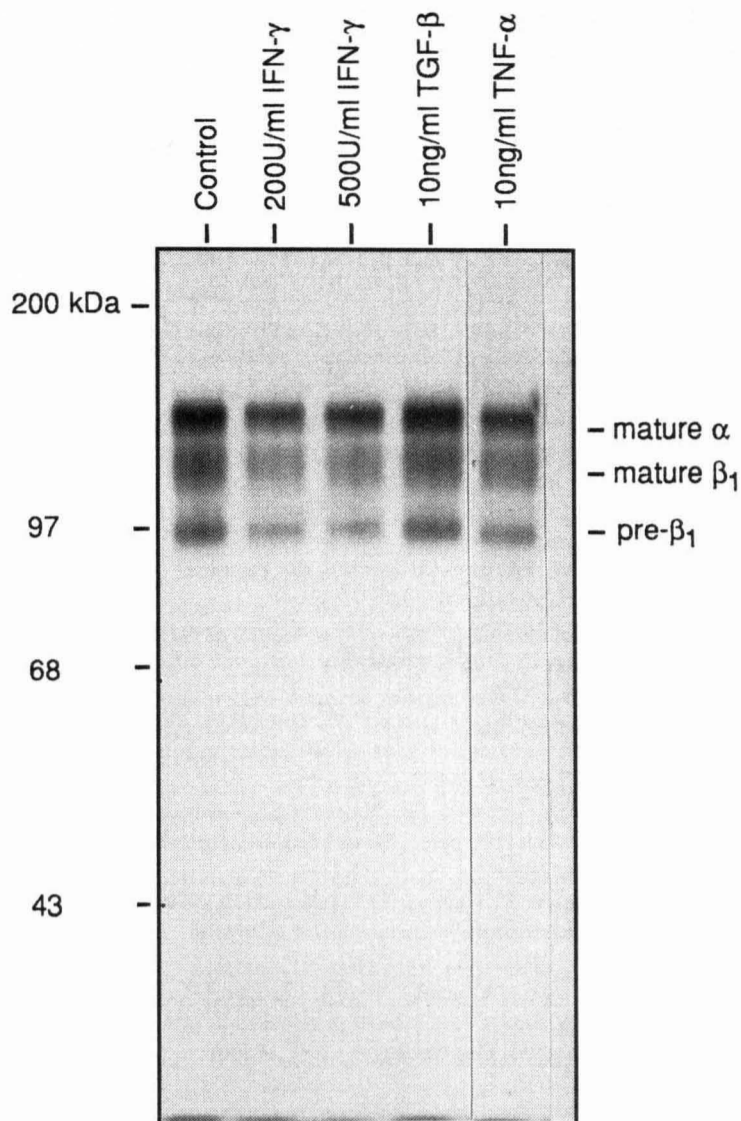
## DISCUSSION

The aim of the present experiments was to discover whether inflammatory cytokines might be responsible for the induction of suprabasal integrin expression that is observed in psoriasis, eczema, and wound healing [22-27]. Treatment of Rheinwald and Green cultures with TGF- $\beta$ , IFN- $\gamma$ , or TNF- $\alpha$  did not induce suprabasal expression. The cytokines caused small changes in the levels of  $\alpha_2\beta_1$  or  $\alpha_3\beta_1$  on the surface of basal keratinocytes but had no effect on the proportion of cells adhering to fibronectin, type IV collagen,

**Table I. Cytokines Have a Small Effect on Integrin Expression Levels in Keratinocytes<sup>a</sup>**

| Cytokine                 | CD8       | $\alpha_2$  | $\alpha_3$ | $\beta_1$   |
|--------------------------|-----------|-------------|------------|-------------|
| IFN- $\gamma$ , 200 U/ml | 0 $\pm$ 0 | 0 $\pm$ 0   | 20 $\pm$ 2 | 8 $\pm$ 2   |
| IFN- $\gamma$ , 500 U/ml | 0 $\pm$ 0 | 0 $\pm$ 0   | 18 $\pm$ 4 | 16 $\pm$ 13 |
| TGF- $\beta$             | 0 $\pm$ 0 | 31 $\pm$ 8  | 4 $\pm$ 2  | 17 $\pm$ 3  |
| TNF- $\alpha$            | 0 $\pm$ 0 | 17 $\pm$ 13 | -5 $\pm$ 2 | 13 $\pm$ 8  |

<sup>a</sup> The values shown are mean percentage changes in modal fluorescence (representing basal cells) compared with control (no cytokine treatment) of 80% confluent cultures treated for 24 h,  $\pm$  standard error of the mean. Results are based on three experiments with each cytokine. Cells were labeled with antibodies to CD8 (negative control) or to the integrin subunits indicated.



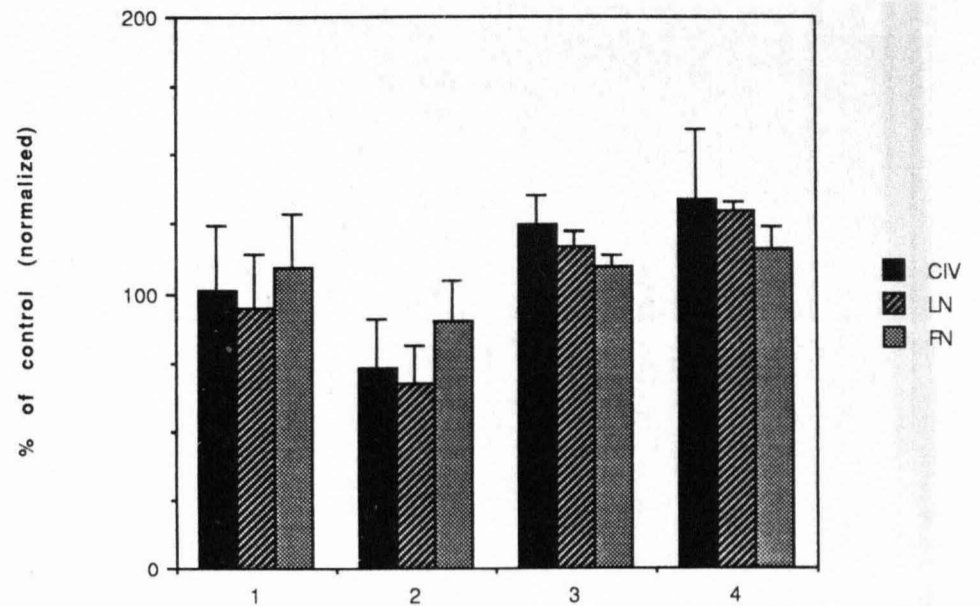
**Figure 2. Cytokines do not affect the mobility or relative abundance of integrin subunits.** Immunoprecipitation of  $\beta_1$  integrins from metabolically labeled keratinocytes after treatment with cytokines for 24 h. Equal trichloroacetic-acid-precipitable counts were immunoprecipitated. (Note that  $\beta_1$ -associated  $\alpha$  subunits are co-precipitated and migrate as a single band.) Positions of molecular-weight standards are indicated.

and laminin, and did not cause changes in the mobility of the integrin subunits on polyacrylamide gels. These results are in marked contrast to the major changes in integrin expression that are induced in other cell types by IFN- $\gamma$  and TGF- $\beta$  [34–36,39,40], including a 20-fold increase in transcripts originating from the  $\beta_1$  proximal promoter in response to TGF- $\beta$  [40].

Inflammation involves a complex cascade of events, including the interactions of multiple cell types and cytokines [62], so it is not altogether surprising that application of individual cytokines to the cultures was not sufficient to induce suprabasal integrin expression. Nevertheless, *in vivo* injections of TNF- $\alpha$  or IFN- $\gamma$ , which induce a full inflammatory response ([63]; also Groves *et al*, submitted), did not cause suprabasal expression either.

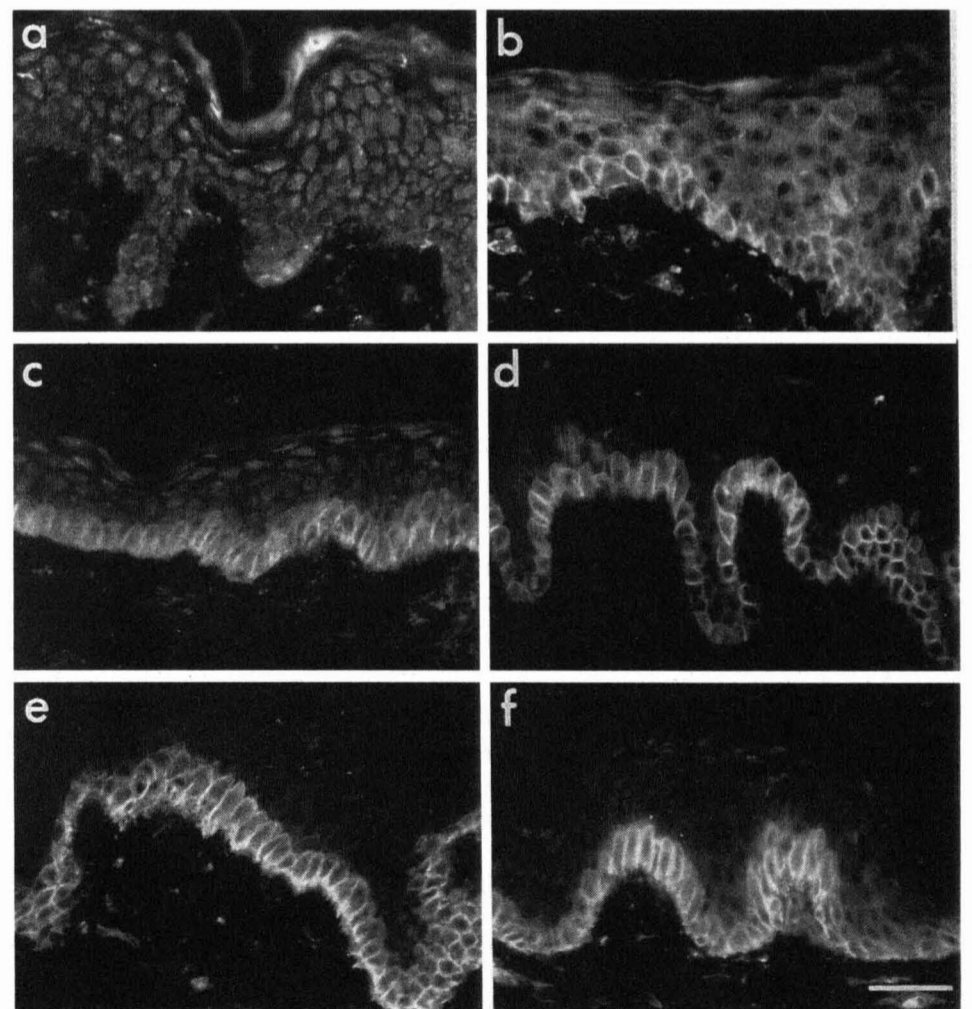
However, we did observe suprabasal integrin expression in keratinocytes cultured on a dermal equivalent. All the viable cell layers stained positive with antibodies to the  $\beta_1$  integrin subunit 1 week after the cultures were raised to the air-liquid interface. As in wound healing [22], suprabasal expression was transient, and by 2 weeks  $\beta_1$  integrins were confined to the basal layer of the raft cultures, as observed by Asselineau *et al* [56] and Kaur and Carter [64]. The distribution of integrins in the rafts was not affected by substituting human dermal fibroblasts for 3T3 cells or by adding TGF- $\beta$ , IFN- $\gamma$ , or TNF- $\alpha$  to the culture medium.

We are thus left with the question of what causes suprabasal integrin expression. *In vivo*, it appears to be linked to the proliferative status of keratinocytes, being seen in situations in which the epithelium is hyperproliferative or there is a high turnover rate of the keratinocyte population [22,65]. An exception to this is Rheinwald and Green cultures, which have a high proliferative rate (average doubling time for cells in exponential growth is 24 h [66]); however, it could be argued that the truncation of the terminal-

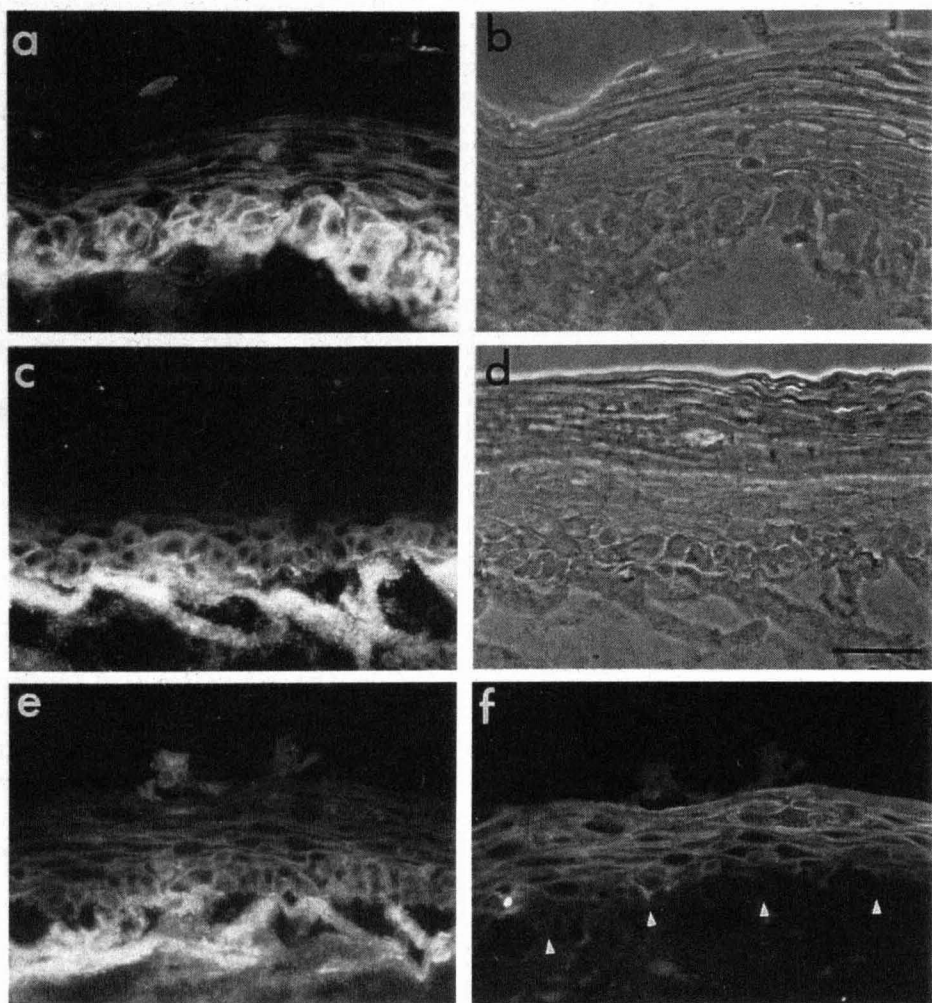


**Figure 3. Cytokines do not significantly affect keratinocyte adhesion to ECM proteins.** Adhesion of keratinocytes to type IV collagen (CIV), laminin (LN), and fibronectin (FN) after treatment for 24 h with (1) 200 U/ml IFN- $\gamma$ ; (2) 500 U/ml IFN- $\gamma$ ; (3) 1 ng/ml TGF- $\beta$ ; or (4) 10 ng/ml TGF- $\beta$ . Results are expressed as a percentage of the number of control (untreated) keratinocytes adhering after subtraction of nonspecific adhesion to BSA-coated wells,  $\pm$  standard error of the mean.

differentiation pathway in these cultures [61] prevents suprabasal expression. In this context, it is interesting that Asselineau *et al* [56] found suprabasal integrin expression in 2-week dermal equivalent cultures treated with a high concentration ( $10^{-6}$  M) of retinoic acid; in the same cultures expression of differentiation markers is delayed and uncoupled from morphogenesis. It will be worthwhile to extend our *in vivo* analysis of integrin expression to later biopsies



**Figure 4. Cytokines do not induce suprabasal integrin expression *in vivo*.** Biopsy specimens of skin of volunteers after intradermal injection of cytokines or PBS. The injected material, time of biopsy post-injection, and antibodies used for staining were as follows: a) PBS control, anti-ICAM-1; b) IFN- $\gamma$ , 2 d, anti-ICAM-1; c) PBS control, anti- $\alpha_2$ ; d) TNF- $\alpha$ , 1 d, anti- $\alpha_2$ ; e) IFN- $\gamma$ , 1 d, anti- $\alpha_3$ ; f) IFN- $\gamma$ , 5 d, anti- $\beta_1$ .



**Figure 5. Integrins can be expressed suprabasally in dermal equivalent cultures.** Cultures were stained with anti- $\beta_1$  antibody. *a, b, e, f*) 1 week; *c, d*) 2 weeks after raising to the air-medium interface. *a-d*) Control cultures; *e-f*) treated with 10 ng/ml TGF- $\beta$ ; *b, d*) Phase-contrast images of *a, c*, respectively. *e, f*) Double-label immunofluorescence: *e*)  $\beta_1$ ; *f*) involucrin. Arrowheads (*f*) denote boundary between keratinocytes and underlying collagen gel. Bar, 50  $\mu$ m.

of IFN- $\gamma$ -treated skin, as increased keratinocyte proliferation is observed at day 6 post-injection [47].

In addition to the question of what stimuli lead to suprabasal integrin expression, there are questions as to the nature and function of the receptors. We need to discover whether the presence of suprabasal receptors reflects *de novo* integrin synthesis by differentiating keratinocytes or an increase in the half-life of receptors synthesized in the basal layer [12]. At least *in vivo*, there is no evidence for co-localization of the suprabasal integrins with the ECM proteins that are their ligands [22], thus opening the possibility that their primary function is in intercellular adhesion [15] or that the receptors are inactive [2,59].

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