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H. 知的財産権の出願・登録状況 (予定を含む)

なし

表1. 健常人とSLE患者間におけるRasGRP1スプライスバリエントの頻度の

	(%)	オッズ比	95% C.I.	p-value
エクソン 11の欠損				
健常人	11.0			
SLE	26.6	2.94	1.43 – 6.07	0.0129
何らかのスプライス異常				
健常人	13.0			
SLE	36.0	3.76	1.92– 7.37	0.0001

表2. 患者の臨床像とRasGRP1スプライスバリエントの出現頻度

	スプライス異常なし	スプライス異常あり	p値
年齢	26.0 ± 6.0	36.0 ± 11.0	0.024
性別(男性/女性)	3/7	2/18	
疾患活動性 (BILAG)	9.8 ± 5.3	11.4 ± 7.0	0.494
罹病期間 (月)	53.8 ± 72.9	152 ± 116	0.020
PSL (mg/day)	11.1 ± 15.1	12.1 ± 14.2	0.790
治療なし/治療開始前 治療中 (クローン数)	34 65	11 40	0.153

図1：末梢血単核球分画におけるRasGRP1発現

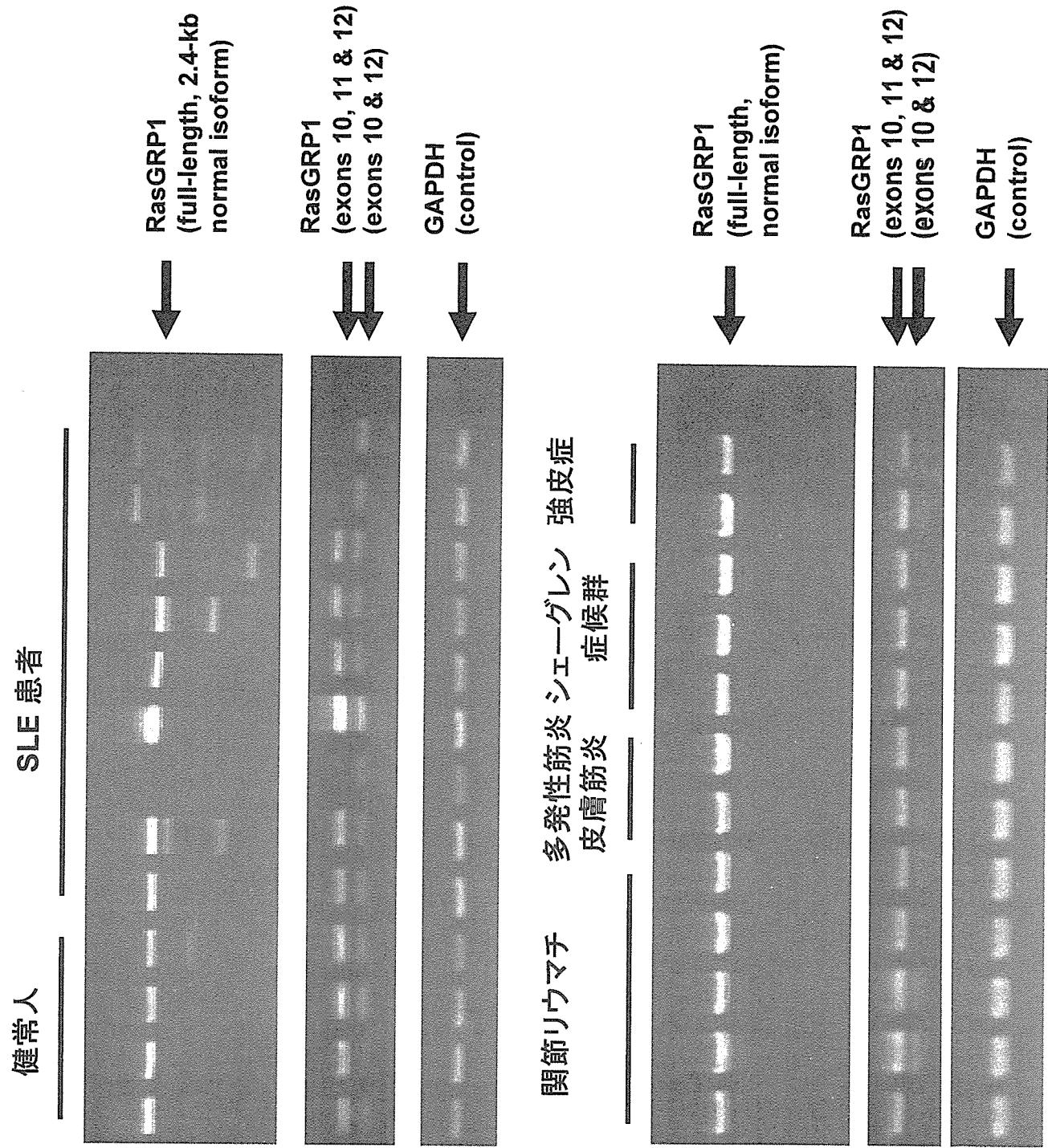


図2: RasGRP1 新規スプライス異常

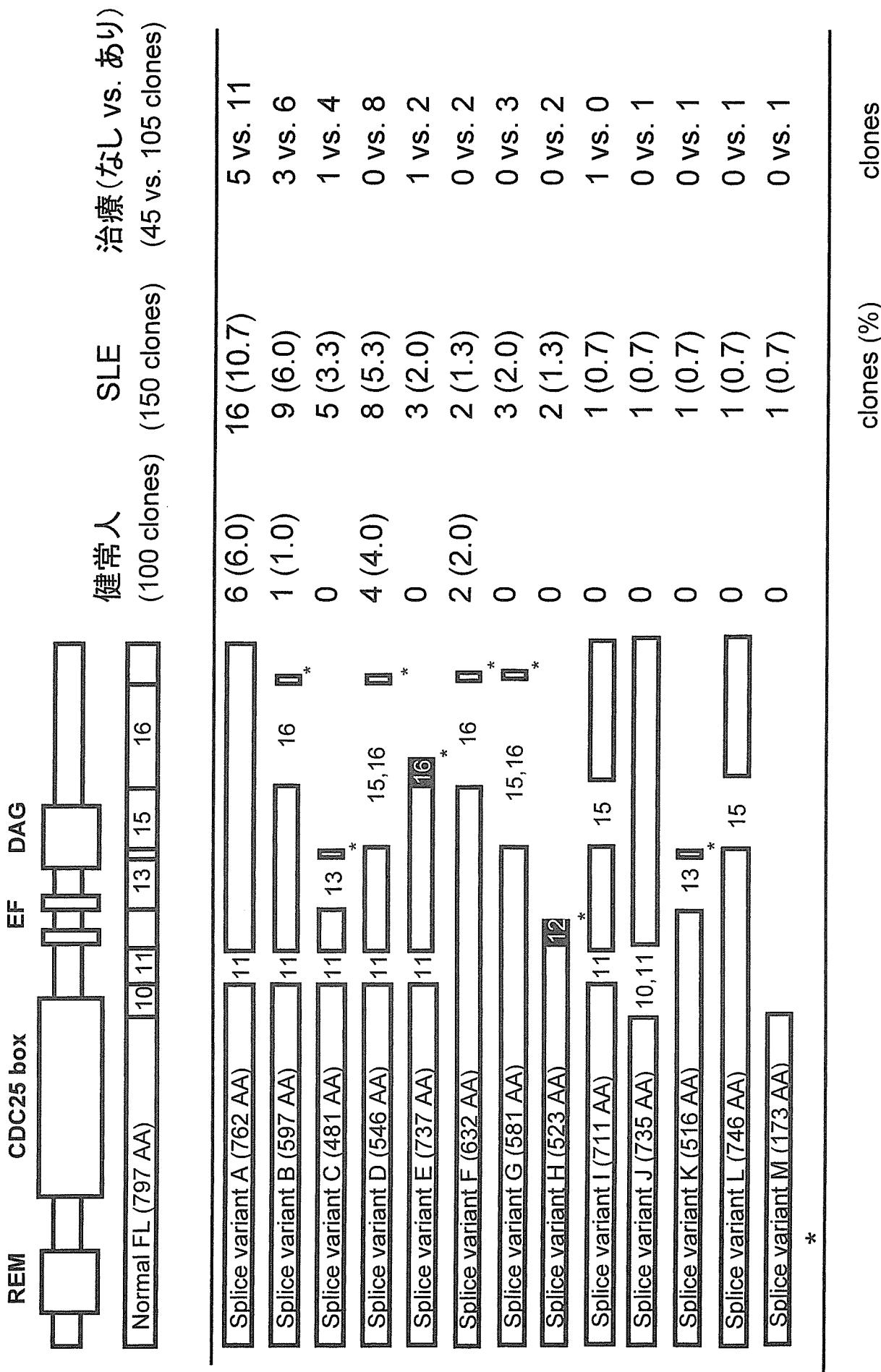


図3; 末梢血T細胞におけるRasGRP1蛋白発現の検討

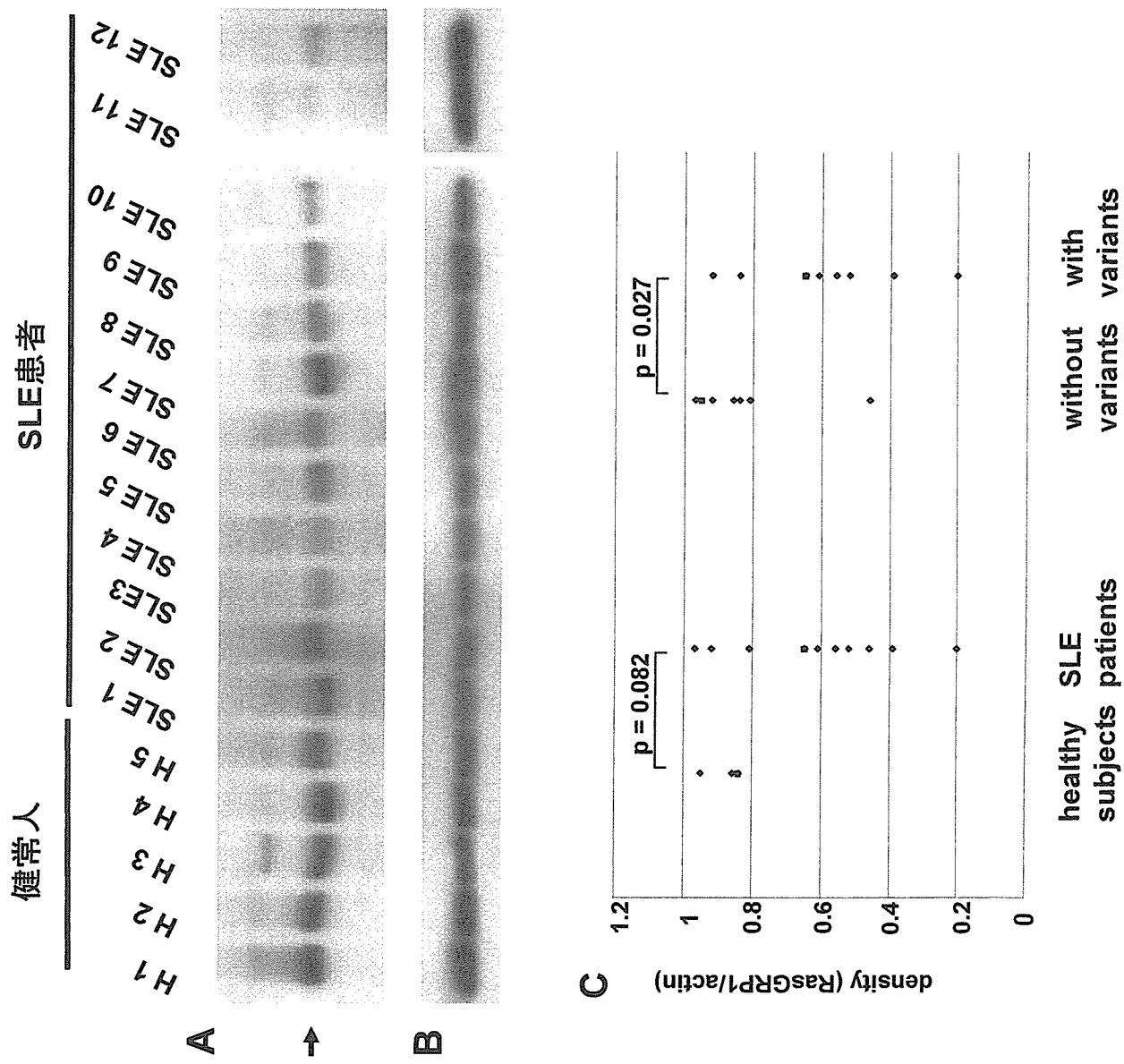
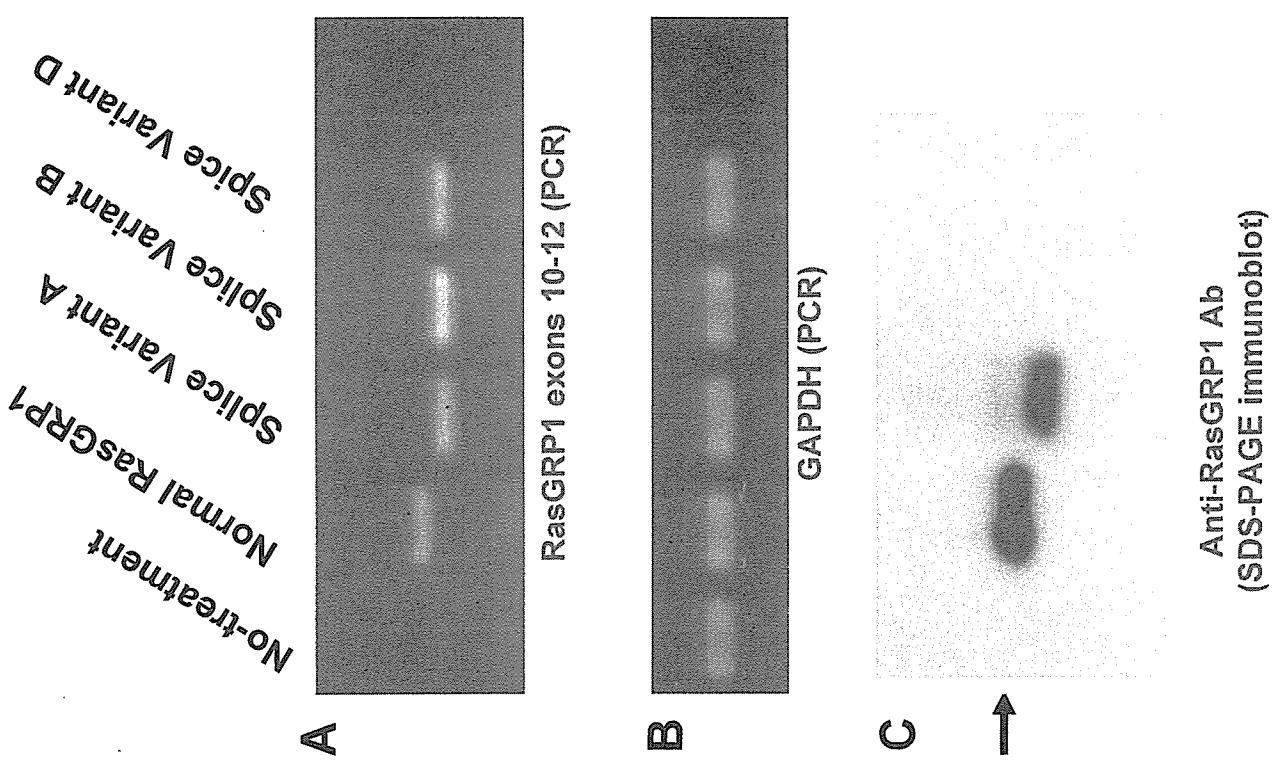


図. 4; HEK-293細胞を用いたRasGRP1 およびスプライスバリエントの発現検討



IV 研究成果の刊行に関する一覧表

研究成果の刊行に関する一覧表(平成18年度)

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
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		最新 臨床検査のABC	東京	142-145
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		最新 臨床検査のABC	東京	146-148
桑名正隆	免疫プロブリンE(IgE)	橋本信也	医学書院	2006
		最新 臨床検査のABC	東京	149

V 平成 18 年度班会議プログラム

平成 18 年度班会議プログラム

13:00~13:05 開会の辞
13:05~13:15 厚生労働省 挨拶
13:15~ 研究発表

1. 13:15~13:35

アナログペプチドによる抗原特異的免疫分子制御法の開発に関する研究

筑波大学大学院人間総合科学研究科先端応用医学専攻臨床免疫学
住田 孝之

2. 13:35~13:55

遺伝子導入樹状細胞を用いた抗原特異的免疫制御法の開発

熊本大学大学院医学薬学研究部免疫識別学分野
千住 覚

3. 13:55~14:15

関節炎局所に集積しているT細胞レセプターを用いた治療モデルの開発

東京大学医学部アレルギー・リウマチ内科
山本 一彦

4. 14:15~14:35

免疫制御性分子発現多機能ウイルスベクターを用いた疾患特異的免疫制御法
の開発

京都大学大学院医学研究科臨床免疫学
三森 経世

5. 14:35~14:55

IL-2 を介したヒト CD4 陽性 NKT 細胞クローニングにおける Th2 サイトカイン産
生に関する研究

国立精神・神経センター神経研究所免疫研究部
山村 隆

… … … コーヒーブレイク 14：55～15：10 … … …

6. 15：10～15：30

制御性 CD8T 細胞の解析と抗原特異的治療への応用に関する研究

東京医科歯科大学大学院医歯学総合研究科膠原病・リウマチ内科学

上阪 等

7. 15：30～15：50

天疱瘡モデルマウスを用いた自己反応性 T 細胞株の in vivo 病原性のスクリーニング法に関する研究

慶應義塾大学内科

桑名 正隆

8. 15：50～16：10

自己抗原および関節炎誘導分子修飾による自己抗体産生制御

筑波大学大学院人間総合科学研究科先端応用医学専攻臨床免疫学

松本 功

9. 16：10～16：30

全身性エリテマトーデスにおける Ras-guanyl releasing protein 1 発現異常に関する研究

北海道大学大学院医学研究科病態内科学講座・第二内科

小池 隆夫

16：30～16：40 閉会の辞

VI 研究成果刊行物・別刷

Overexpression of Phosphorylated STAT-1 α in the Labial Salivary Glands of Patients With Sjögren's Syndrome

Ei Wakamatsu, Isao Matsumoto, Takanori Yasukochi, Yusuke Naito, Daisuke Goto, Mizuko Mamura, Satoshi Ito, Akito Tsutsumi, and Takayuki Sumida

Objective. To clarify the molecular mechanisms of Sjögren's syndrome (SS), we analyzed the functional role of the STAT-1 gene, one of the interferon- γ (IFN γ)-inducible genes, in labial salivary glands (LSGs) from SS patients.

Methods. The expression of STAT-1 messenger RNA (mRNA) was examined by real-time polymerase chain reaction (PCR) analysis, and the phosphorylation of STAT-1 protein (Tyr⁷⁰¹ and Ser⁷²⁷ pSTAT-1) was investigated by Western blot and immunohistochemical analyses. The expression of IFN γ -inducible 10-kd protein (IP-10), IFN regulatory factor 1 (IRF-1), and Fas was also examined by real-time PCR and immunohistochemical analyses.

Results. STAT-1 α and STAT-1 β mRNA were highly expressed in LSGs from SS patients. The level of STAT-1 α protein in SS LSGs was higher than that in 3 control LSGs, whereas STAT-1 β protein was not clearly detected by Western blot analysis. Moreover, Tyr⁷⁰¹ and Ser⁷²⁷ pSTAT-1 α proteins were specifically detected in SS LSGs. Immunohistochemical analysis showed localization of Tyr⁷⁰¹ pSTAT-1 in infiltrating lymphocytes and the adjacent ductal epithelium from SS patients. Ser⁷²⁷ pSTAT-1 was localized only in the ductal epithelium of SS LSGs. The STAT-1-inducible genes IP-10 and IRF-1 and the Fas genes were highly expressed in SS LSGs and were colocalized with Ser⁷²⁷ pSTAT-1-positive, but not Tyr⁷⁰¹ pSTAT-1-positive, cells.

Ei Wakamatsu, MS, Isao Matsumoto, MD, PhD, Takanori Yasukochi, PhD, Yusuke Naito, MS, Daisuke Goto, MD, PhD, Mizuko Mamura, MD, PhD, Satoshi Ito, MD, PhD, Akito Tsutsumi, MD, PhD, Takayuki Sumida, MD, PhD: University of Tsukuba, Tsukuba, Japan.

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Conclusion. We found evidence of the up-regulation of STAT-1 α mRNA and protein in LSGs from SS patients, as well as the presence of pSTAT-1 α in ductal epithelium from SS patients. Our findings suggest that STAT-1 α , especially Ser⁷²⁷ pSTAT-1, may function as a key molecule in the pathogenesis of SS.

Sjögren's syndrome (SS) is a chronic autoimmune disease characterized by focal infiltration of lymphocytes into lacrimal and salivary glands, which leads to dry eyes and dry mouth. In SS, several autoantibodies are produced, and they are classified as non-organ-specific antibodies, such as anti-SSA and anti-SSB (1), and organ-specific antibodies, such as anti-type 3 muscarinic acetylcholine receptor antibody (2). SS in the absence of other autoimmune diseases is classified as primary, and SS in the presence of rheumatoid arthritis, systemic lupus erythematosus, or other connective tissue diseases is classified as secondary.

The infiltrating lymphocytes are mainly CD4+ α/β T cells (3), especially Th1-type T cells, because they produce both interferon- γ (IFN γ) and interleukin-2 (4–6). B cells, macrophages, and natural killer cells are found less frequently than T cells (7). These cells lead to salivary gland destruction via the production of inflammatory cytokines and the interaction between Fas and FasL (8–10). However, the mechanisms of the onset and progression of SS are poorly understood.

To clarify the pathogenesis of SS, several molecules in labial salivary glands (LSGs) have been investigated in animal models of SS as well as in humans with SS. In the MRL/lpr mouse, the expression of sialadenitis-associated genes was analyzed by microarray, and 13 genes were found to be up-regulated (11). Highly expressed genes in the conjunctival epithelium in patients with SS were examined using the introduced amplified fragment length polymorphism method (12). Moreover, the expression of Fas, FasL, CTLA-4, and programmed