signals that profoundly affect DC functions towards CD4<sup>+</sup> CD25<sup>+</sup> Treg cells. Because NK cell functions are regulated by the balance between inhibitory and activating signals, any future clarification of the role of other NK inhibitory and activating receptors in DC modulation and Treg cell activation will be of great interest.

The cross-presentation of self-antigens by major histocompatibility complex (MHC) class II pathways constitutes an important step towards generating and/or expanding peripheral Treg cells. However, we initially settled our experimental design by using DCs and Treg cells from different donors, and DCs encountered CD4<sup>+</sup> T cells in an 'antigen-free' condition. Therefore, Treg cells induced by NK/NH-primed DCs are generated independently of MHC class II-mediated self-antigen recognition. These results give rise to the possibility that the cross-talk of NK cells, DCs and hepatocytes represents an alternative pathway in the generation and expansion of peripheral Treg cells. However, it should be noted that these results may not apply to all donors because of the complexity of the allogeneic system and the relatively few donors tested.

PD-1-mediated suppressive activities were characteristic for CD4+ CD25+ Treg cells generated by NH/IL-2 NKprimed DCs. By contrast, natural CD4+ CD25+ Treg cells exerted their suppressive function, at least in part, in a CTLA-4-dependent fashion. Recent reports have clarified the existence of two subtypes of Treg cells: natural and inducible CD4+ CD25+ Treg cells. Inducible Treg cells exert suppressive activities by using molecular mechanisms distinct from those of natural regulatory cells.31 Our findings further identify the novel pathways by which inducible CD4+ CD25+ Treg cell activities triggered by NKG2A inhibitory signals are dependent on PD-1-mediated negative costimulation. A recent report identified the interaction of B7 on effector T cells with costimulatory molecules CD28/CTLA-4 on CD4+ CD25+ Treg cells as molecular mechanisms of their suppressor activity.32 Thus, it is possible that reverse signalling of PDL-1 on effector cells may also be crucial for the negative costimulator-mediated suppressive action of CD4+ CD25+ Treg cells. In the present study, we did not address the mechanisms by which NH/IL-2 NK-primed DCs induce CD4+ CD25+ Treg cells with PD-1-dependent suppressive functions. Further study will be needed to clarify this issue.

We previously showed that NKG2A is expressed at higher levels from NK cells isolated from peripheral blood in patients with chronic hepatitis C virus (HCV) infection than from those in healthy donors. HCV frequently persists in humans, at least in part, due to inefficient induction of NK activity as well as specific T cell responses. 33-35 The small percentage of patients who spontaneously clear the virus and recover from chronic hepatitis C mount vigorous HCV-specific CD4<sup>+</sup> and CD8<sup>+</sup> T cell responses. 36,37 Research has described an increased frequency of CD4<sup>+</sup>

CD25+ T cells in the blood of patients with persistent HCV infection compared with those who have spontaneously cleared HCV. 38,39 Our current findings raise the interesting possibility that increased NKG2A expression on NK cells may lead to DC-mediated induction of Treg cells, leading to the inhibition of adaptive responses to HCV and failure to eliminate this virus. Indeed, CD4+ CD25+ T cells induced by HCV-NK/Hep3B hepatoma cell-primed DCs expressed and suppressed effector T cell functions at greater levels than those induced by N-NK/Hep3B-primed DCs (our unpublished data). Interestingly, a recent study identified PD-1-mediated signals as a critical pathway to induce anergic CD8+ T cells and impair antiviral CTL responses in chronic viral infection.40 In this regard, the therapeutic modification of the PD-1 pathway may synergistically augment antiviral immunity by suppressing Treg activity and recovering CTL responses. It is important to establish whether the PD-1 pathway in liver lymphocytes may be operable in vivo and play a critical role in suppression of virus-specific immunity in HCV infection.

In conclusion, we have demonstrated that interaction of NK cells and hepatic cells via NKG2A leads to DC induction of CD4<sup>+</sup> CD25<sup>+</sup> T cells with PD-1-dependent regulatory activities. These findings also imply that NK receptor signals of NK cells may dictate DC-mediated adaptive immune responses towards tolerogenic or immunogenic status via induction of Treg cells.

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