the TLR-7/9-MyD88-dependent signaling pathway (Kawai and Akira 2006) (Fig. 12.1).

Notably, TLR activation upon recognition by nucleic acids occurs mainly in the endosome. Conceivably, TLR localization in the endosome is necessary to prevent contact with "self" nucleic acids, which are not taken into the endosome without additional components, as described below.

#### 12.3.1.2 Cytoplasmic Sensors for Exogenous Nucleic Acids

Although endosomal TLRs that recognize nucleic acids are expressed mainly in the specialized immune cells, such as B cells and DCs, there are receptors in the cytoplasm that are also capable of sensing nucleic acids, namely RLRs and NLRs. In addition, several molecules have been proposed as capable of recognizing double-stranded B-form DNA (Takeshita and Ishii 2008; Vilaysane and Muruve 2009).

RIG-I and Melanoma Differentiation-Associated gene 5 (MDA5) belong to RLRs (Yoneyama et al. 2004; Takeuchi and Akira. 2008). Both of these cytoplasmic proteins contain helicase domains, including ATP-binding domains, C-terminal regulatory domains capable of binding tRNA, and Caspase Activation and Recruitment Domains (CARDs) to interact with adaptor molecule Interferon-\( \beta \) Promoter Stimulator 1 (IPS-1, also known as MAVS, Cardif and VISA). RIG-I discerns viral RNA by detecting the 5'-triphosphates of ssRNA and its short double-stranded form, while MDA5 recognizes long double-stranded RNA (Takeuchi and Akira 2008; Saito and Gale 2008). However, the exact element in viral RNA identified by RIG-I and MDA5 is currently unknown. It has been shown so far that genomic RNA of influenza viruses, paramyxoviruses, and HCV and short ( $\approx$ 1 kb) dsRNAs are detected by RIG-I, while picornaviruses such as Encephalomyocarditis Virus (EMCV) and longer (> 2 kb) dsRNA such as poly I:C are detected by MDA5 (Kato et al. 2008; Saito et al. 2008). Both RIG-I and MDA5 signal through IPS-1, which lies on the outer membrane of mitochondria and is associated with Stimulator of IFN Genes (STING; also known as MITA) (Ishikawa and Barber 2008; Zhong et al. 2008) and Fas-Associated Death Domain (FADD) (Balachandran et al. 2004). This complex activates NF-kB and IRF3 via IkK complex and TBK1/IkKi, respectively, initiating pathways that culminate in proinflammatory cytokines and IFN-B production (Fig. 12.1). LGP2 is also an RLR and shares homology with RIG-I and MDA5 in the helicase domain but lacks a CARD domain. It was shown in vitro to be a negative regulator of RIG-I and MDA5; however, results derived from knockout mice suggest that it is actually a positive regulator (Venkataraman et al. 2007; Satoh et al. 2010).

Cytoplasmic DNA recognition is quite distinct from RLR-mediated cytoplasmic RNA recognition. As initially shown by Isaacs et al. (1963) and rediscovered by Suzuki et al. (1999), DNA, especially double-stranded DNA, has been shown to be immunomodulatory. Ishii et al. refined their findings that transfection by natural DNA, or by synthetic polynucleotides that form double-stranded structures,

stimulates cells to produce type-I IFNs and induces cell-autonomous protection from viral replication, independently of TLR9. Unlike the CpG motifs needed for TLR9 activation, methylation of such dsDNA has no effect on activity. Rather, poly (dA-dT) • poly(dT-dA) induces higher levels of type-I IFNs compared with poly (dG-dC) • poly (dC-dG), suggesting that the right-handed helical structure of B-form DNA (B-DNA) is essential for cellular activation of type-I IFNs production; this process is mediated through a TLR-independent, TBK1-dependent means (Ishii et al. 2006). Therefore, TLR-independent, TBK1-dependent cytoplasmic DNA recognition plays an important role in immune responses during viral and bacterial infections (Yasuda et al. 2005; Ishii et al. 2006; Stetson and Medzhitov 2006; Cortez-Gonzalez et al 2006; Martin and Elkon 2006), and in controlling the ensuing adaptive immune responses (Ishii et al. 2008a; Baccala et al. 2007; Babiuk et al. 2004; Spies et al. 2003).

DNA derived from dying host cells can reportedly accumulate when nuclease functions are obstructed, including DNase-I, II, and -III (also known as TREX) (Okabe et al. 2005; Yoshida et al. 2005; Yasutomo et al. 2001; Morita et al. 2004; Napirei et al. 2000). The resultant activation of immune responses through TLR-independent DNA recognition by as-yet undefined receptors can lead to immunological disorders, such as autoimmune diseases (Kawane et al. 2006; Stetson et al. 2008).

Many receptors have been proposed for this TLR-independent, TBK1-dependent type-I IFN production by ds B-form DNA. The first candidate DNA sensor was reported to be DAI (DNA-dependent activator of IFN-regulatory factors), previously called DLM-1 and Z-DNA binding protein 1 (ZBP1) (Takaoka et al. 2007). However, mice lacking DAI (ZBP-1) did not show any expected phenotypes, in vitro or in vivo, suggesting that DAI is not essential for DNA-induced, TBK1-dependent type-I IFN production, or for DNA vaccine immunogenicity (Ishii et al. 2008a). More recent reports suggest that RNA polymerase-III can recognize AT-rich dsDNA, to generate 5'-triphosphate RNA, activating RIG-I in human cells (Ablasser et al. 2009), or in transformed cells (Chiu et al. 2009). Moreover, RIG-I (Choi et al. 2009), HMGB proteins (Yanai et al. 2009), and histone H2B (Kobiyama et al. 2010) were shown to recognize ds B-form DNA and respond by promoting TBK1-dependent type-I IFN production. Although it may take time to resolve how these distinct proteins recognize ds B-form DNA, it will be an exciting field of research.

Recent reports indicate that both type-I IFN (through RLRs) and IL-1 $\beta$ /18 (through inflammasome activation) are engaged in immune response to cytoplasmic nucleic acids (Muruve et al. 2008; Kanneganti et al. 2006a, b). Initially, microbial recognition by innate immune receptors like TLRs induces pro-IL-1 $\beta$ /18 accumulation in the cytosol through MAPK or NF- $\kappa$ B activation. Pro-IL-1 $\beta$ /18 is then cleaved with caspase-1, a major component of all types of inflammasomes, and released as mature form, IL-1 $\beta$ /18. Currently, four types of inflammasome complexes, NLRP1, NLRC4, NLRP3, and AIM2 inflammasome, have been partially characterized. Among them, only NLRP3 and AIM2 appear to be involved in nucleic acid sensing (Vilaysane and Muruve 2009; Franchi et al. 2009).

The NLRP3 inflammasome consists of NLRP3 (also known as NALP3 or cryopyrin), which is an NLR – an Apoptosis-Associated Speck-Like Protein Containing a CARD (ASC) and caspase-1. NLRs are a large family of cytoplasmic sensors, containing 23 members in human and 34 members in mice; their ligands have been only partially elucidated. NLRP3 consists of three domains: C-terminal LRR, central Nucleotide-Binding Oligomerization (NOD) domain and N-terminal ligand-sensing domain, and Pyrin Domain (PYD). A variety of ligands, including nucleic acids and their metabolites, such as RNA, RNA analogs, uric acids crystals, and ATP, are known to trigger NLRP3 inflammasomes (Martinon et al. 2006; Mariathasan et al. 2006; Kanneganti et al. 2006a), inducing formation of inflammasome complexes. These complexes include NLRP3 multimers, the adaptor molecule ASC, and pro-caspase-1 recruited via the ASC CARD domain, leading to autocleavage of caspase-1 (Fig. 12.1). However, it is unclear how NLRP3 detects its nucleic acid ligands.

In contrast to the NLRP3 inflammasome, which is mainly engaged in the recognition of RNAs, such as bacterial and viral RNA, synthetic dsRNA (poly I:C), and ssRNA (imidazoquinoline), the AIM2 inflammasome is activated by ds B-form DNA derived from bacteria, viruses, and host. AIM2 was recently identified as a member of HIN200 protein family; it consists of two domains: HIN200 domain, which binds to cytoplasmic dsDNA, and PYD, which recruits ASC (Roberts et al. 2009; Burckstummer et al. 2009; Fernandes-Alnemri et al. 2009; Hornung et al. 2009). The AIM2 inflammasome leads to activation of caspase-1 in the same manner as the NLRP3 inflammasome (Fig. 12.1).

# 12.3.2 The Mechanism to Avoid the False Recognition of the Endogenous Nucleic Acids: The Case of Tissue Damage

The innate immune system protects the host against invading infectious agents; however, the same system can also respond to endogenous stimuli (Gallucci et al. 1999; Ishii et al. 2001; Tsan and Gao 2004; Kono and Rock 2008). These stimuli include molecules released from damaged or dying host cells; some are endogenous cytokines and chemokines, including HMGB proteins, IL-1\alpha, and IL-33; the others are heat-shock proteins, hyaluronan degradation fragments, oxidized lipids, nucleic acids, etc. RNA and DNA are normally sequestered tightly in the cells but can be released from host cells in the case of tissue damage, such as necrosis and apoptosis (Matzinger 2002; Ishii and Akira 2005). Nevertheless, nucleic acids are barely recognized by host immune system as there are safety mechanisms. One of these is the limited accessibility to the endosomal compartments where nucleic acid-sensing TLRs are expressed. Another is the immediate elimination of nucleic acids by RNases or DNases within the phagosome, extracellular matrix, or in the serum. A third is the sequential or molecular modification of nucleic acids (Kariko et al 2005). The presence of so many safety mechanisms suggests that any nucleic acid

species can be immunostimulatory if not in the right place in the cells or tissues. In fact, endogenous RNA and DNA are quite immunostimulatory if these safety mechanisms are broken – for example, if immune complexes of RNA or DNA with anti-RNA/DNA antibodies or RNPs are exogenously introduced into cells by transfection reagents, or if nucleotides are subjected to nuclease-resistant modification, or host nucleotides are removed or naturally modified. Otherwise, host RNA and DNA are normally inert to our immune system.

# 12.3.3 The Mechanism to Recognize Endogenous Nucleic Acids and Their Metabolites as Danger Signal: Another Case of Tissue Damage

Normally, extracellular concentrations of nucleic acids are very low. However, several kinds of molecules, including nucleic acids and their metabolites, which are mainly stored inside the host cell, are released from damaged or dying host cells in the case of tissue injury. Aberrant high concentration of extracellular nucleotides, such as ATP and its metabolic end products, uric acids, can be detected by innate immune sensors as danger signals (Mariathasan et al. 2006; Martinon et al. 2006) (Fig. 12.2). These responses culminate in IL-1 \( \beta / 18 \) production via NLRP3 inflammasome activation. Although several kinds of mechanisms that activate inflammasomes appear to be involved, the ATP-gated P2X7 receptor contained in the P2 receptor, a class of ubiquitous plasma membrane receptors, plays an important role in the upstream signals that trigger inflammasome activation (Kahlenberg et al. 2005; Ferrari et al. 2006; Di Virgilio 2007). Extracellular high concentration of ATP, a predominantly intracellular molecule, stimulates the P2X7 receptor and induces the activation of a cation channel that mediates potassium efflux. It also induces high concentrations of end-product uric acids and generates uric acids crystals, both of which can activate NLRP3 inflammasomes in gout (Martinon et al. 2006). Extracellular ATP is also engaged in the pathogenesis of bronchial asthma (Idzko et al. 2007). Uric acids, ATP, and adenosine - which is degraded from ATP through a cascade of ectonucleotidases, including nucleoside triphosphate diphosphorylase (NTPDase, also called CD39) and 5'-ectonucleotidase (Ecto50NTase, also called CD73) - induce immune responses (Hasko and Cronstein 2004). Extracellular adenosine binds to and activates four G protein-coupled cell surface receptors, A1, A2A, A2B, and A3, contained in P1 receptors, which signal through alterations in intracellular cyclic AMP and Ca<sup>2+</sup> concentrations.

Nucleotides and their metabolites can both activate immune responses as danger signals and control or suppress immune reactions (Di et al. 2009). Adenosine's interaction with A2A receptors, which are the predominant subtype in immune cells, may inhibit inflammation by cAMP induction. For instance, hypoxia-inducible factor- $1\alpha$  (HIF- $1\alpha$ ) mediates 5'-nucleotidase induction following accumulation of extracellular adenosine; therefore, hypoxic conditions can also

induce immunosuppressive effects via the A2A receptor (Ohta and Sitkovsky 2009). Thus, the recovery process from tissue damage is built upon a strict immunomodulatory mechanism.

# 12.3.4 Endogenous Nucleic Acids Recognition: The Case of Autoimmune Diseases

Despite the mechanisms to prevent false recognition of "self" nucleic acids and their metabolites described above, innate immune recognition of endogenous nucleic acids can induce detrimental adaptive immune response to "self" antigen – the so-called autoimmune diseases (Marshak-Rothstein and Rifkin 2007). Two major mechanisms of "self" nucleic acids have been identified to trigger autoimmune diseases: delayed clearance of damaged host cells, and unfavorable reactions to immune complexes (Fig. 12.3).

Damaged host cells generated from microbial infections and tissue injuries are immediately eliminated by phagocytes in normal conditions; however, necrotic cells always lose membrane integrity and unavoidably release intracellular contents,

#### Endosomal TLRs' recognition of autoantigens including nucleic acids

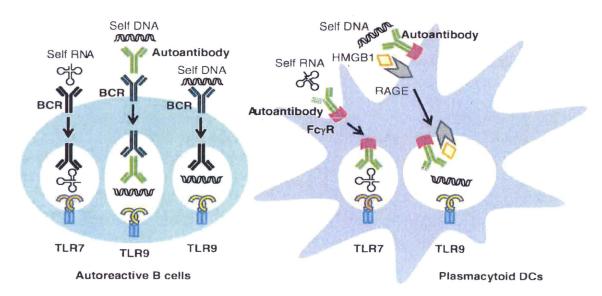


Fig. 12.3 B-cell receptors (BCRs) expressed on the surface of autoreactive B cells can bind autoantigen (DNA or RNA) directly or immune complexes including DNA or RNA and transport both BCRs and autoantigen or immune complexes to the cytoplasmic endosomal compartment containing TLR7/9. pDCs express receptors for the Fc portion of IgG (Fc $\gamma$ Rs). Immune complexes including DNA or RNA bind Fc $\gamma$ Rs on pDCs and are transported to cytoplasm. The interaction between HMGB1 (High-Mobility Group Box 1) and RAGE (receptor for advanced glycation end products) also contributes to the recognition of self-DNA-containing immune complexes

inducing immune responses via danger signals (Matzinger 2002). In contrast to necrotic cells, apoptotic cells are strictly cleared through interactions between opsonins and their receptors, such as scavenger receptors, complement receptors on phagocyte cell surfaces (Savill et al. 2002; Erwig and Henson 2008), and the recently identified peroxisome proliferator-activated receptor- $\delta$  (PPAR- $\delta$ ) sensing system (Mukundan et al. 2009). Recent studies also suggest that impaired clearance of nucleic acids in apoptotic cells plays an important role in autoimmunity pathogenesis (Kawane et al. 2006; Napirei et al. 2000; Stetson et al. 2008).

Autoreactive B cells can bind autoantigens released from dying host cells via specific B-Cell Receptors (BCR), which are shown to exist in 5-20% of healthy individuals (Wardemann et al. 2003), and in a greater percentage of autoimmunedisease patients, due to defective early B-cell tolerance (Yurasov et al. 2005). Once these autoantigens are endocytosed by BCR, nucleic acids contained in the cells can stimulate endosomal TLR-7 and -9. These immune system activations, especially type-I IFNs responses via TLRs, play a key role in autoantibody production from proliferated and differentiated autoreactive B cells (Le Bon and Tough 2002; Theofilopoulos et al. 2005; Marshak-Rothstein and Rifkin 2007). B cells also express TLR-9 and the antigen receptor for self-immunoglobulin-gamma (IgG). Both are engaged in the recognition of IgG2a-chromatin immune complexes and induce production of a class of autoantibodies known as Rheumatoid Factors (RF) (Leadbetter et al. 2002). Both B cells and pDCs are involved in recognition of immune complexes – including self-RNA and DNA. PDCs express FcγRs (also known as CD32) to detect the Fc portions of autoantibodies, and Receptor for Advanced Glycation End Products (RAGE), to detect extracellular High-Mobility Group Box-1 (HMGB1) derived from necrotic cells (Tian et al. 2007). These interactions induce engulfment of immune complexes and stimulate TLR-7/8 and -9 in endosomal components, as with B cells.

Microbial infections can also trigger or accelerate a detrimental cascade mediated through increased proinflammatory cytokines (Munz et al. 2009) and damaged host cell products; interestingly, the gene dosage of TLR-7 directly contributes to the risk of autoimmune diseases (Pisitkun et al. 2006; Subramanian et al. 2006).

# 12.4 Therapeutic Applications of Nucleic Acids as Innate Immune Activators: Vaccine and Vaccine Adjuvants (Table 12.2)

As described above, extracellular nucleic acids and their metabolites can induce both immune activation and suppression via immune receptors, suggesting that nucleic acids and their analogs are candidates for therapeutic agents against infectious diseases, such as vaccines and vaccine adjuvants (Table 12.2) as well as therapies for autoimmune diseases and allergies. Here, we discuss vaccines and vaccine adjuvants that utilize the immunostimulatory effect of nucleic acids: DNA

Table 12.2 Nucleic acids based vaccines and vaccine adjuvants

Vaccine/Vaccine adjuvants (Formation of nucleic acids)	Receptors and adaptors involved in the recognition
Inactivated influenza whole virus vaccine (ssRNA)	TLR7/8-MyD88, RIG-I-IPS-1, NLRP3-ASC
Imidazoquinolines (ssRNA)	TLR7/8-MyD88, NLRP3-ASC
Poly I:C, Poly I:C[12]U (dsRNA)	TLR3-TRIF, MDA5-IPS-1, NLRP3-ASC
CpG oligonucleotides (ssDNA)	TLR9-MyD88
Poly dA:dT (dsDNA)	Unknown-STING-TBK1
DNA vaccine (dsDNA)	Unknown-STING-TBK1

Underlined innate immune signalings are essential for their immunogenicity Poly I:C: polyinosinic:polycytidylic acid, STING: stimulator of interferon genes

vaccine (dsDNA), inactivated Whole Virus Influenza vaccine (influenza WV) (ssRNA) and poly I:C (dsRNA). CpG-ODNs (ssDNA), which are also very good candidates for therapeutic agents, are discussed in detail in the next section (Klinman 2004).

DNA vaccines are DNA plasmids encoding target antigen genes. Once these vaccines are administered, target antigens are expressed in host cells, inducing adaptive humoral and cellular immune responses. The immunogenicity of DNA vaccine was recently shown to depend on plasmid dsDNA (but not unmethylated CpG-motifs) and mediated through the DAI-independent, TBK1-dependent signaling pathway (the sensor for DNA vaccine has yet to be identified) (Ishii et al. 2008a). On the other hand, the immunogenicity including B cells and Th1-type CD4T cells activation of the influenza WV is dominantly controlled by a TLR7/MyD88-dependent signaling pathway, although TLR7/MyD88, RIG-I/IPS-1, and inflammasome activation are shown to be involved in live influenza virus infection (Allen et al. 2009; Koyama et al. 2007; Thomas et al. 2009; Ichinohe et al. 2009; Koyama et al. 2009). It suggested that genomic ssRNA remaining in influenza WV is essential for vaccine efficacy as an immune activator, detectable by only TLR but not RLR or NLR (Koyama et al. 2010).

A vaccine adjuvant is a compound that promotes and modulates vaccine immunogenicity. In theory, all PAMPs and DAMPs could be candidates for vaccine adjuvants (if safety were not an issue). Poly I:C, a synthetic dsRNA, is a vaccine adjuvant commonly used in animal models. Poly I:C can be detected by both endosomal TLR3 and cytoplasmic MDA5 (Miyake et al. 2009; McCartney et al. 2009); its adjuvanticity is mediated via both pathways (Kumar et al. 2008). The adjuvanticity of poly I:C (Longhi et al. 2009), DNA vaccines (Ishii et al. 2008a), and influenza WV (Koyama et al. 2010) requires dendritic cell activation and type-I IFNs production.

These studies demonstrate that specific signaling pathways in specific host cells play key roles in the efficacy of nucleic acids-based vaccines and vaccine adjuvants, though they can stimulate multiple immune sensors. Therefore, improved efficacy of vaccines and clinical applications require that target antigens and adjuvants be delivered to key immune cells, utilizing various manipulations of drug delivery systems, vaccine formation, routes of administration, and so on.

#### 12.5 Conclusions

Nucleic acids and their metabolites are recognized by the specific host receptors such as TLRs, RIG-like receptors (RLRs), and NLRs, purinergic receptors such as P2X and P2Y receptors, and adenosine receptors such as A2A receptors. Resultant responses vary and may contribute to host defenses, aid homeostatic clearance of dying host cells, or even promote deleterious autoimmune diseases. As more questions emerge about nucleic acids and their relationships with the immune system, more efforts will be needed to elucidate the mechanism of immune recognition of, and regulation by, poly- and oligonucleotides such as RNA and DNA and their metabolites – including mononucleotides, nucleosides, bases, sugars, and uric acids – and the therapeutic potential of nucleic acids and their metabolites.

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# 粘膜アジュバント

#### はじめに

粘膜は生体内において、外来生物、食べ物、代謝産物などの物理的・化学的ストレスに常にさらされながら第一線で防御の役割を担っている。さらにあるときは病原微生物の侵入を認識し、それらを排除する免疫を誘導する一方、常在菌に対して不必要な免疫応答は誘導しない、というように巧妙な仕組みによって免疫応答を使い分けている。そしてこのような繊細な仕組みの破綻が、アレルギー・自己免疫疾患などの疾患発症とも関連していることはすでによって粘膜免疫をコントロールすることは、単に感染症の予防や治療にとどまらず、アレルギー・自己免疫疾患の病態解明や治療にも関連している。

アジュバントとは、ラテン語の"促進する""増強する"という意味をもつ"adjuvare"に由来し、もともとは標的抗原とともに投与して、その抗原に対する免疫原性を増強する目的で使用された。

アジュバントに関する報告は、19世紀末にまでさかのぼるが、1920年代にRamonやGlennyらがaluminum hydroxide (alum)を用いてジフテリアや破傷風の類毒素の免疫原性を改善したことによって、アジュバントの重要性が認識されるようになった。これまでアジュバントの作用機序に関しては、非特異的に標的抗原を投与部分に長期間とどめる作用や抗原提示細胞の遊走を促進する作用などによって抗原提示の確率を高くして免疫原性を増強することが想定されていた。しかしながら、近年の自然免

疫学の進歩に伴い、アジュバントの多くが Tolllike receptors (TLRs), retinoic acid-inducible gene (RIG)-like receptors (RLRs), nucleotidebinding oligomerization domain protein (NOD) -like receptors (NLRs) などの自然免疫受容体に 特異的に作用して樹状細胞 (dendritic cell: DC) を 中心とした抗原提示細胞を活性化し、その遊走や成 熟、抗原提示能や補助シグナル分子の発現を促進 し、T細胞やB細胞の抗原特異的な活性化を増強 することが明らかになった ( $\mathbf{Z}_{1}$ )<sup>1,2)</sup>(4章 a 参照). そしてアジュバントによる作用は単に免疫原性の増 強によって、標的抗原の必要量を減少させたり、接 種の回数を減少させたり、免疫力の弱い新生児や高 齢者への効果を改善したりするだけにとどまらず、 その種類や組み合わせによっては、主に抗体産生 (B細胞活性)を誘導するもの, Th1 型を誘導する もの、Th2型を誘導するもの、または細胞傷害性 T細胞 (cytotoxic T lymphocyte: CTL) の活性を 誘導するものといったように獲得免疫の方向性をも 制御することができる。つまり、ワクチンによって 粘膜免疫をコントロールするためにはアジュバント の理解は必要不可欠のものと考えられる。

アジュバントの作用機序をよく理解し、メカニズムに基づいた利用が可能になれば、病原微生物や疾患の特性に応じて、たとえばウイルス感染に対する抗体誘導、悪性腫瘍に対する細胞傷害性 T 細胞の誘導、アレルギー疾患に対する Th2 の抑制などのように、疾患に応じたアジュバントの組み合わせを選択することが可能になり、有効な免疫療法のツールになることが考えられる.

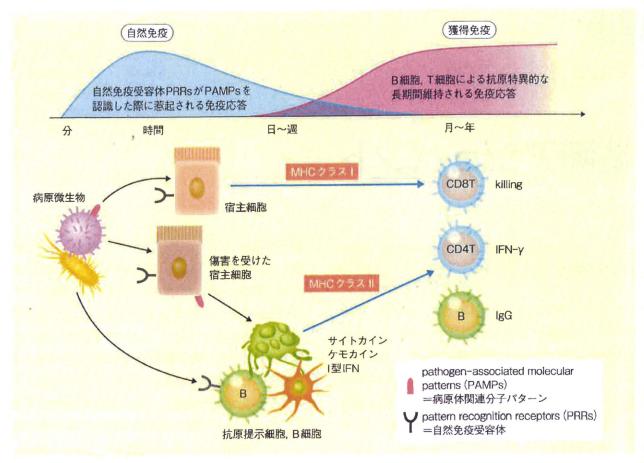


図1 自然免疫と獲得免疫

病原微生物の侵入は宿主細胞に発現した様々な種類の自然免疫受容体 PRRs によって認識され、短時間に自然免疫応答が誘導される。その後に 誘導される抗原特異的な獲得免疫の有効な活性化には自然免疫の誘導が必須である。

本項では、アジュバントによって誘導される自然 免疫応答について解説した後、実際に使用されてい る粘膜アジュバントを例示し、その作用機序や獲得 免疫誘導能について最近の知見を含めて概説する.

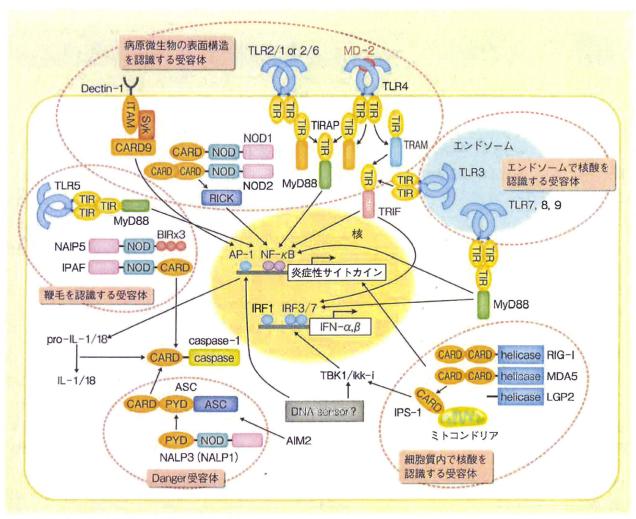
# アジュバント効果にかかわる自然免疫 受容体―リガンドとシグナル伝達経路

粘膜ワクチンは、経鼻、経口(舌下)、経腟などさまざまな経路で投与され、獲得免疫を誘導することが可能である(12章 a~d 参照)、組織や臓器の特異性によって、それぞれの投与経路で主役となる免疫担当細胞・所属リンパ節は異なると考えられるが、基本的にはワクチンの一部として投与されたアジュバントは、粘膜の上皮細胞や抗原提示細胞によって最初に認識される。その際、多くのアジュバントが自然免疫受容体によって認識されることでアジ

ュバントとしての効果を発揮することが最近明らかになってきた。ここでは、アジュバントの認識にかかわる代表的な自然免疫受容体として TLRs、RLRs、NLRs についてそのリガンド (自然免疫受容体のリガンドは pathogen-associated molecular patterns 〈PAMPs〉とも呼ばれ、いずれもアジュバントとしてのポテンシャルを有する)およびシグナル伝達経路を解説し、さらにアジュバント認識にかかわるその他の自然免疫受容体について補足する(近年膨大な数の自然免疫受容体が明らかとなり、網羅的に解説することは困難なため、ここでは代表的なもののみを示す)(図 2).

## Toll-like receptors (TLRs)

TLRs は現在までヒトおよびマウスにおいて TLR1 から 11 までが機能性の受容体として知られ



#### 図2 自然免疫受容体とそのシグナル伝達経路

TLR は二量体を形成して PAMPs を認識し、MyD88か TRIF を介して炎症性サイトカイン・IFN の産生を誘導する。RLRs はいずれも細胞質内 に存在しhelicase ドメインで核酸を認識し、IPS-1を介して免疫応答を誘導する。様々な細胞傷害ストレスの応答に関与していることが知られるようになった NLRs に属する NALP3 は ASC を介して caspase-1 の活性化を誘導し、IL-1、IL-18 の産生を誘導する。

ている(4章 a 参照). TLRs は、N 末端のロイシンリッチリピートモチーフ、それに続く膜貫通領域と C 末端の Toll/IL-1R homology (TIR) ドメインから構成される. 各 TLR は、そのリガンドとしてさまざまな特異的構成成分 PAMPs を N 末端で認識し、C 末端を介して下流にシグナルを伝えることにより免疫系を賦活化する. TLRs は細胞膜表面に発現する TLR2/1、TLR2/6、TLR4、TLR5と、エンドソームの膜に発現する TLR3、7、8、9 に分けられる(図 2). それぞれが表 1 に示すようなリガンドを N 末端で認識すると、TLR2/1、TLR2/6 はアダプターとして myeloid differentiation primary response protein 88 (MyD88)/TIR domain-con-

taining adaptor protein (TIRAP), TLR5 は MyD88 を活性化する (図 2). TLR4 は時間経過に 応じて初めは MyD88/TIRAP を, エンドサイトーシス後は TIR domain-containing adaptor inducing IFN-β (TRIF)/Trif-related adaptor molecule (TRAM) を活性化する. また, TLR3 はアダプターとして TRIF, TLR7, 8, 9 は MyD88 を活性化する. さらにその下流では, TANK-binding kinase 1 (TBK1), mitogen-activated protein kinases (MAPKs), IkB kinase (Ikk) 複合体を通じて interferon regulatory factor (IRF) 3, IRF7, nuclear factor-kappa B (NF-κB) などの転写因子が活性化され、最終的に I型 IFN や炎症性サイト

## 表1 自然免疫受容体とそのリガンド(非合成性)

自然免疫 受容体	外来性リガンド	由来となる病原微生物	内因性リガンド
TLR2/1 TLR2/6	ペプチドグリカン, 糖脂質, diacyl or triacyl lipopeptides, phospholipomannan	Gram 陽性菌,マイコプラズマ,麻疹ウイルス,真菌	HSP70
TLR3	dŝRNA, siRNA	ウエストナイルウイルス, マウスサイト メガロウイルス, 脳心筋炎ウイルス	mRNA
TLR4	LPS, RS ウイルス融合蛋白, phosphorylcholine, glycan, mannan	Gram 陰性菌、RS ウイルス,炭疽菌,蠕虫,真菌	HSP70, β-デフェンシン, fibrinogen, fibronectin, hyaluronic acids
TLR5	フラジェリン	鞭毛をもつ細菌	
TLR7	ssRNA	RNAウイルス全般	autoantigens
TLR9	非メチル化CpG, hemozoine	細菌, DNA ウイルス, マラリア	クロマチン複合体
TLR11	profilin-like molecule	トキソプラズマ	Market Value
RIG-I	ssRNA 5′末端3リン酸, 短い(~1 kb) dsRNA	センダイウイルス, VSV, インフルエン ザウイルス	
MDA5	長い(>2kb) dsRNA	脳心筋炎ウイルス、メンゴウイルス	Section 5
NOD1 NOD2	NOD1 : diaminophilic acid (iE-DAP) NOD2 : muramyl dipeptides	NOD1: クラミジア、赤痢菌、カンピロバ クター、ヘリコバクター・ピロリ	
		NOD2: 結核菌, サルモネラ, リステリア	
NLRP3 (NALP3)	細菌RNA, リポ多糖, pore-forming toxins, muramyl dipeptides, アスベスト,シリカ	細菌, 真菌, インフルエンザウイルス	uric acid/ATP, βアミロイド, ピロリン酸カルシウム
NLRC4	フラジェリンand?	レジオネラ、サルモネラ、緑膿菌、結核菌	
NAIP5	フラジェリン	レジオネラ	
Dectin-1	β-グルカン ザイモサン	真菌 (カンジダ、アスペルギルス、ニュ ーモシスティスなど)	h is <del>a</del>

リポ多糖: lipopolysaccharide: LPS

カインの産生が誘導される3).

## RIG like receptors (RLRs)

TLRs 以外に細胞質内に侵入した核酸を認識する 受容体として RLRs が知られている(図 2). RLRs は、C末端に RNA helicase domain を持ち、それ が細胞質内に侵入してきた非自己の RNA を認識す る. N末端には 2 つの caspase activation and recruitment domain (CARD) が存在する. RLRs に は RIG-I、MDA5 と呼ばれる 2 つの類似した分子 のほか、RIG-I の negative regulator と考えられ ている LGP2 の合計 3 つが存在する. RLRs の発現 は免疫担当細胞に限らず、ほとんどすべての細胞に ユビキタスに発現している.

RLRs がいったん表 1 に示すようなリガンドを認識すると(LGP2 に関しては依然として不明な点が多いため、ここでは RIG-I、MDA5 について示す)、RIG-I と MDA5 の共通のアダプターである IFN- $\beta$ -promoter stimulator 1 (IPS-1) (MAVS、VISA、CARDIF とも呼ばれる)と CARD を介して結合しシグナル伝達を開始する。下流では、TBK1 や IKK 複合体を通じて IRF3、NF- $\kappa$ B などの転写因子が活性化され、エフェクターとして I型 IFN や炎症性サイトカインの産生が誘導される3)。

### NOD like receptors (NLRs)

細胞内の自然免疫受容体には、核酸の認識に特化 した RLRs 以外に NLRs が存在する (図2). NLRs は現在までにヒトでは23種類(蛋白レベル),マウ スにおいては34種類(遺伝子レベル)が存在するこ とが知られている. N末端には、CARDもしくは pyrin domain (PYD) もしくは baculovirus inhibitor domain (BIR) を有し, NOD domain を挟んで. C末端にロイシンリッチリピートモチーフを持つ. 大まかには,NLRs の原型ともいえる NOD1 や NOD2 のように inflammasome を活性化しないグ ループと、NLRP1、NLRP3やNLRC4などのよう に inflammasome の活性化を伴うグループに分類 できる.それぞれの NLRs が表 1 のようなリガン ドの刺激を受けると、前者ではアダプターとして RICK が活性化し、後者では ASC, caspase-1 か ら構成される inflammasome の活性化が生じる. RICK の下流では、mitogen-activated protein kinases (MAPKs), IkB kinase (Ikk) 複合体を通じ て nuclear factor-kappa B (NF-kB) などの転写 因子が活性化され、炎症性サイトカインの産生が誘 導される. inflammasome の活性化の下流では, caspase-1 によって pro IL-1β, pro IL-18 から活 性化型の IL-1*B*, IL-18 の産生が誘導される<sup>4)</sup>.

#### その他の自然免疫受容体(CLRs など)

TLRs, RLRs, NLRs 以外の自然免疫受容体のなかには、スカベンジャー受容体や Fc 受容体なども知られているが、なかでも C-type lectin receptors (CLRs) が大きなグループを占める (図2). CLRs はその構造によってさらに 17 種類のグループに分けられる。ここでは詳細は割愛するが、CLRs の代表として Dectin-l を例にあげると、リガンドとして表1に示すとおり、C 末端の細胞外ドメインで $\beta$ -グルカンを認識すると、細胞内の immunoreceptor tyrosine-based activation (ITAM) like モチーフを介して spleen tyrosine kinase (Syk)、さらに CARD9 の活性化を経て炎症性サイトカインの産生が誘導される5).

## 粘膜アジュバントの現状と方向性

先述のとおり、以前からワクチンとともに使用さ れてきたアジュバントの多くが自然免疫受容体のリ ガンドとして作用していることが近年明らかになっ た. 逆にいうと, 純度, 安全性や Th1, Th2 バラ ンスなどを度外視すれば、すべての自然免疫受容体 リガンドは、その合成が可能であれば、粘膜アジュ バントとしても使用可能であると考えられる。ただ し、自然免疫受容体に作用することだけがアジュバ ント効果を生み出すわけではなく、たとえば標的抗 原を投与部分に長時間とどめておく作用や、炎症性 細胞浸潤を促進することなども大切なアジュバント 効果の一役を担っている、さらにターゲットは自然 免疫受容体でも、組織特異的な反応を誘導するため に投与経路を変更したり、ナノテクノロジーなどを 利用しドラッグデリバリーシステムを巧みにコント ロールすることで、自然免疫応答自体の質と量を高 めることも今後のワクチンおよびアジュバント開発 にとって必須の戦略である。ここでは、以前から利 用されてきた粘膜アジュバントや今後使用が注目さ れているアジュバントなどいくつかに分類して概説 する.

#### 代表的な粘膜アジュバント

古くから利用されている粘膜アジュバントとして、ここでは細菌から抽出した3種類の構成成分、① ADP-ribosylating enterotoxin (cholera toxin 〈CT〉 および大腸菌の heat-labile enterotoxin 〈LT〉)、② CpG モチーフを持つ oligodeoxynucleotides (CpG ODN)、③ monophosphoryl lipid A (MPLA) について説明する(図3).

### cholera toxin (CT), heat-labile enterotoxin (LT)

A サブユニットは毒素の活性を持ち、B サブユニットが粘膜上皮の GM1 ガングリオシドに接着する. アジュバントとしての効果を維持しながら、元来有

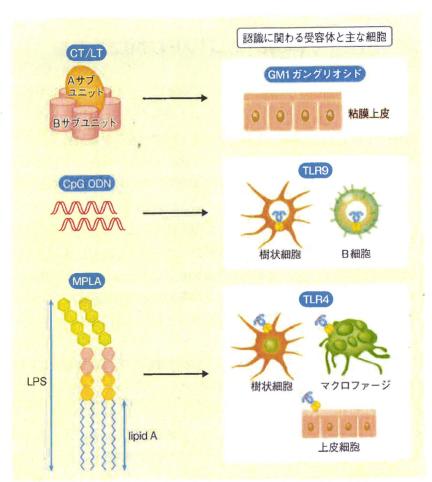


図3 代表的な粘膜アジュバント

cholera toxin (CT)・heat-labile enterotoxin (LT) は一つの A サブユニットと五量体の B サブユニットからなる。 TLR9 の発現はヒトでは 形質細胞様樹状細胞と B 細胞に限局している。

する腸管毒性を軽減するため A サブユニットの改 変を作製するなどの方法が施行されている. 改変と しては LT の場合, 63 番のリジンをセリンにした もの(LT〈S63K〉)や72番のアルギニンをアラニ ンにしたもの(LT(A72R))がよく知られている. CT・LT いずれも A サブユニットが ADP-リボシ ルトランスフェラーゼ活性を有し、CT・LT が作用 するとアデニル酸シクラーゼが常に活性化された状 態になり、細胞内サイクリック AMP濃度が高まる. これを契機に粘膜上皮細胞や抗原提示細胞が活性化 され、細胞透過性の亢進、炎症性サイトカインの産 生、樹状細胞の成熟促進などが誘導される. 類似の 作用機序を有するが、アジュバントとしては CT が Th2型の免疫反応(IL-4, IL-5分泌型のCD4<sup>+</sup>T 細胞の活性化や IgA, IgG1, IgE の産生) および Th17 を誘導するのに対して、LT は Th1、Th2型 の両方の免疫反応 (IFN-γ 分泌型の CD4<sup>+</sup>T 細胞活 性化および IgG2 の産生) を誘導する<sup>6,7)</sup>.

しかしながら、これらのアジュバントは効果が高い反面、投与経路の制限、投与部位における強い炎症や組織の壊死、アレルギー反応の誘発などの副作用の問題を依然として有する。実際 2000 年にヨーロッパにおいては LT をアジュバントとして用いたインフルエンザ経鼻ワクチンの臨床試験が実施されたが、顔面神経麻痺の副作用により毒素系アジュバントの臨床応用が難しい状況となっているのが事実である8).

#### oligodeoxynucleotides (CpG ODN)

細菌やウイルスの DNA には、哺乳類の DNA と比べると約 20 倍ほど多く非メチル化 CpG モチーフが存在する。近年の自然免疫学の進歩に伴い、CpG は現在では TLR9 のリガンドとして広く知られるようになった。免疫活性を持った CpG ODN にはその配列、構造、免疫活性の違いから、少なくとも3 種類 (D/A 型 CpG, K/B 型 CpG, C 型 CpG) のタイプに分けられる。D/A 型 CpG は、主に pDC

の活性化, K/B型 CpG は主に B細胞の活性化を誘 遵する。C型CpGは両方の性質を持っているが活 性はやや弱い(いずれの型の CpG も TLR9 によっ て認識される). CpG ODN がそれぞれの免疫細胞 に存在する TLR9 によって認識されると、I型 IFN や炎症性サイトカインの産生が誘導され、B細胞の 増殖. 樹状細胞の成熟化のほかにもナチュラルキラ - (NK) 細胞の活性化も加わり、強力な Th1 型の 獲得免疫反応 (IgG2a の産生, Th1 細胞による IFN-γ産生、細胞傷害性 T 細胞の細胞傷害活性) が惹起される. つまり、何らかの抗原とともに CpG ODN をアジュバントとして使用することで. 以上のようなメカニズムから抗原単独で使用するよ りもはるかに強力な Th1 型の獲得免疫が誘導でき る. CpG ODN は非常に強く安全なアジュバントで あるだけでなく、単独(抗原なし)での使用も可能 である. 実際にワクチンアジュバント, 抗アレルギ -薬, 抗腫瘍薬としてさまざまな臨床治験が行わ れ、通常の注射による投与だけでなく、経鼻投与を はじめとする経粘膜投与9)において、その有効性が 一部で証明されている<sup>10,11)</sup>. しかしながら、生物 種間の TLR9 の発現パターンの違いなどから、依 然としてヒトに対しては汎用されていない.

#### monophosphoryl lipid A (MPLA)

MPLA はもともとサルモネラ菌のリポ多糖 (lipopolysaccharide: LPS) から抽出された物質で, TLR4がそのアジュバント効果に必須であることが 知られている(ヒトの細胞ではTLR2も認識に関与 することが報告されている). MPLA のアジュバン ト効果はリポ多糖に匹敵するにもかかわらず、有害 な副作用が生じにくいことが特徴でもある. その理 由としてリポ多糖と比較して MLPA が、MyD88 依存性の経路をほとんど刺激せず TRIF 依存性の 経路を主に刺激すること12)、免疫抑制的に作用す る IL-10 を多く産生する一方で炎症性サイトカイ ンの IL-1β は誘導しにくいことなどが報告されて いる.MPLA は強力に CD4 T 細胞のプライミン グ・活性化を誘導するのが特徴で、主に Thl 型の 反応を惹起する. グラクソ・スミスクラインは, MPLA を用いたコンビネーションアジュバントの

#### 表2 ワクチンアジュバント(合成)

合成アジュバント	自然免疫受容体
monophosphoryl lipid A (MPLA)	TLR2, TLR4
CpG ODN	TLR9
Pam3Cys-SK4	TLR1/2
MALP2	TLR2/6
poly I:C	TLR3, MDA5
imiquimod, resquimod	TLR7, TLR8
aluminium based salts	NALP3
chitosan	NALP3
細菌性類毒素 (e.g. CT, LT)	?
サポニン(e.g. QS-21)	NALP3 ?
エマルジョン (e.g. MF59)	?

MALP2: macrophage-activating lipopeptide 2 poly I: C: polyinosinic-polycytidylic acid

開発に着手し、AS01 (MPLA と QS21 をリポソームで包んだもの)、AS02 (MPLA と QS21 をエマルジョンで包んだもの)、AS04 (MPLA+alum)を作製している(QS21、alum については後述する)。ヨーロッパでは AS04 を用いた hepatitis B virus (HBV) ワクチンとして FENDrix® やオーストラリアでは同じく AS04 を用いた human papilloma virus ワクチン、サーバリックス®が認可されている<sup>6)</sup>。FENDrix® もサーバリックス®も筋肉注射にて投与されているが、MPLA は注射型だけではなく経粘膜免疫においてもアジュバント効果を発揮する。例えば、動物実験レベルでは経口もしくは経鼻ワクチンのアジュバントとしても効果が確認されている<sup>13)</sup>。

## 自然免疫受容体によって認識される 粘膜アジュバント

先述のとおり、自然免疫受容体のリガンドは、理論的にはすべてアジュバントとして使用できる可能性を有する。現在ヒトや動物で使用されているアジュバントで自然免疫受容体との関係が明らかにされているものは、まだわずかではあるが(表2)、前述した「アジュバント効果にかかわる自然免疫受容体」で示したように、近年急速な勢いで自然免疫受容体とそのシグナル伝達経路が明らかになり、さら