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Macrophages and Dendritic Cells Emerge in the Liver during Intestinal Inflammation and Predispose the Liver to Inflammation

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Abstract

The liver is a physiological site of immune tolerance, the breakdown of which induces immunity. Liver antigen-presenting cells may be involved in both immune tolerance and activation. Although inflammatory diseases of the liver are frequently associated with inflammatory bowel diseases, the underlying immunological mechanisms remain to be elucidated. Here we report two murine models of inflammatory bowel disease: RAG-$2^{-/-}$ mice adoptively transferred with $CD4^{+}CD45RB^{high}$ T cells; and IL-$10^{-/-}$ mice, accompanied by the infiltration of mononuclear cells in the liver. Notably, $CD11b^{-}CD11c^{low}PDCA\text{-}1^{+}$ plasmacytoid dendritic cells (DCs) abundantly residing in the liver of normal wild-type mice disappeared in colitic $CD4^{+}CD45RB^{high}$ T cell-transferred RAG-$2^{-/-}$ mice and IL-$10^{-/-}$ mice in parallel with the emergence of macrophages (Mφs) and conventional DCs (cDCs). Furthermore, liver Mφ/cDCs emerging during intestinal inflammation not only promote the proliferation of naïve $CD4^{+}$ T cells, but also instruct them to differentiate into IFN-γ-producing Th1 cells *in vitro*. The emergence of pathological Mφ/cDCs in the liver also occurred in a model of acute dextran sulfate sodium (DSS)-induced colitis under specific pathogen-free conditions, but was canceled in germ-free conditions. Last, the Mφ/cDCs that emerged in acute DSS colitis significantly exacerbated Fas-mediated hepatitis. Collectively, intestinal inflammation skews the composition of antigen-presenting cells in the liver through signaling from commensal bacteria and predisposes the liver to inflammation.

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Introduction

Patients with inflammatory bowel diseases (IBD) are susceptible to developing extraintestinal disorders in the joints, eyes, skin, or liver [1]. For example, primary sclerosing cholangitis (PSC) has been diagnosed in 3.7% of patients with ulcerative colitis [2] and in 3.4% of those with Crohn's disease [3]. The liver and the biliary system are the usual sites for extraintestinal lesions, despite being located between systemic and portal circulations. The portal vein contains a large amount of gut-derived products, such as short-chain fatty acids and microbe-associated molecular patterns (MAMPs) [4]. Although MAMPs, such as LPS from gram-negative commensal bacteria, act as a strong stimulants for antigen-presenting cells (APCs) [5], the liver has been shown to be an immunologically tolerant organ [6,7]. The portal venous tolerance system is regulated by various immune compartments which contain natural killer (NK) cell, natural killer T (NKT) cell, and regulatory T cells, macrophages (Mφ) such as Kupffer cells, and dendritic cells (DCs) [8]. Recent studies have shown that plasmacytoid DCs (pDCs), a subgroup of resident DCs, induce anergy or rapid depletion of antigen-specific T cells in the liver via a $CD4^{+}$ T cell-independent mechanism [9,10]. These findings suggest that regulation and dysregulation of APCs in the liver contribute to liver tolerance and inflammation, respectively. However, the mechanisms of immune regulation and dysregulation in human IBD and experimental colitis models are not yet fully understood. A few studies have focused on the role of gut microbiota and MAMPs in promoting high-fat induced steatohepatitis [11], however, mechanism of immunological dysregulation in the liver during colitis still remains to be elucidated.

Our group has previously reported that increased numbers of Mφs and conventional DCs (cDCs) in experimental colitis models [12] and human IBD [13] have pro-inflammatory characteristics through excess production of IL-12 and IL-23 in response to

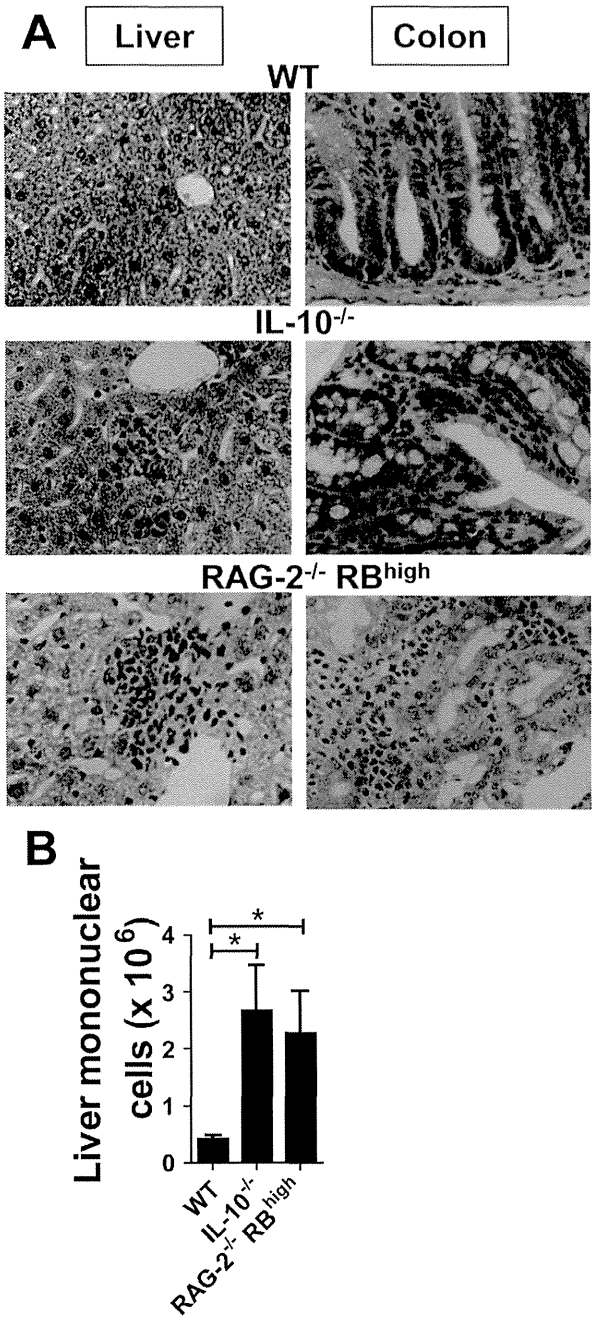

Figure 1. Accumulation of mononuclear cells in the liver develops in chronic colitis models. (**A**) H&E specimens of the liver (left) and colon (right) derived from WT, IL-$10^{-/-}$ mice, and RAG-$2^{-/-}$ RB^{high} mice. Magnification: ×100 (left) and ×400 (right). (**B**) Absolute number of hepatic mononuclear cells. FACS data are representative of three independent experiments. Values are expressed as means ± SEM for each group. WT ($n=5$), IL-$10^{-/-}$ mice ($n=7$) and RAG-$2^{-/-}$ RB^{high} mice ($n=4$). *$P<0.05$.
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bacteria. This leads to the development of Th1 immunity in inflamed intestinal mucosa. More recently, we demonstrated that migrating macrophages contribute to the induction of acute liver inflammation in murine hepatitis models [14].

To clarify hepatic immunological regulation under colitic conditions, we used three murine IBD models: (1) RAG-$2^{-/-}$ mice adoptively transferred with splenic $CD4^+CD45RB^{high}$ T cells from wild-type (WT) mice [15]; (2) an acute dextran sulfate sodium (DSS)-induced colitis model [16]; and (3) IL-$10^{-/-}$ mice [17] that spontaneously develop chronic IBD-like colitis.

Materials and Methods

Mice

WT C57BL/6J mice (8–12 weeks old) were purchased from Japan Clea (Tokyo, Japan). C57BL/6-Ly5.1 mice and RAG-$2^{-/-}$ mice were obtained from Taconic Laboratory (Hudson, NY, USA) and the Central Laboratories for Experimental Animals (Kawasaki, Japan), respectively. IL-$10^{-/-}$ mice were purchased from Jackson Laboratories (Bar Harbor, Maine, USA). Recipient RAG-$2^{-/-}$ mice were used when they were 6 or 14 weeks old. Colitic IL-$10^{-/-}$ mice were used when they were 20 weeks old. Germ-free (GF) C57BL/6-Ly5.2 mice (8 weeks old) were purchased from Sankyo Laboratories (Tokyo, Japan). GF mice were maintained in vinyl isolators within the gnotobiotic facility of the Miyarisan pharmaceutical company (Tokyo, Japan).

All experiments were approved by the Committee on the Ethics of Animal Experiments of Keio University School of Medicine, and conducted in accordance with institutional guidelines and Home Office regulations. [No. 24-026-1].

Adoptive Transfer Studies

For adoptive transfer, $CD4^+$ T cells were isolated from spleen cells of C57BL/6-Ly5.1 mice using the anti-CD4 (L3T4)-MACS system (Miltenyi Biotec, Auburn, CA, USA) according to the manufacturer's instructions. Enriched $CD4^+$ T cells (96–97% pure) were labeled with PE-conjugated anti-mouse CD4 (RM4-5; BD bioscience, San Diego, CA, USA) and FITC-conjugated anti-CD45RB (16A; BD bioscience). $CD4^+CD45RB^{high}$ cells were purified (>98.0%) using a FACS Aria (Becton Dickinson Co.). RAG-$2^{-/-}$ mice (6 weeks old) were injected i.p. with 3×10^5 $CD4^+CD45RB^{high}$ T cells. At 6 weeks post-transfer, these mice developed a wasting disease and colitis as previously reported [15].

For adoptive retransfer, lamina propria (LP) $CD4^+$ T cells were isolated from colon LP mononuclear cells of RAG-$2^{-/-}$ RB^{high} mice using the anti-CD4 (L3T4)-MACS system. Isolated LP $CD4^+$ T cells were injected i.p. into RAG-$2^{-/-}$ mice (RAG-$2^{-/-}$ LP $CD4^+$ mice). Mice were maintained under specific pathogen-free (SPF) conditions in the Animal Care Facility of Keio University.

DSS-induced Colitis Model

Mice were treated under SPF conditions with 2% DSS (MW 50 kDa; Ensuiko Sugar Refining Co., Yokohama, Japan) in drinking water for 7 days (>4 mice per group). Mice were treated under GF conditions with 1% DSS in drinking water for 7 days followed with regular drinking water for 3 days (>4 mice per group).

Animal Models of Liver Injury

Concanavalin A (Con A, type IV) was purchased from Sigma-Aldrich (St. Louis, MO, USA). Intravenous injections of Con A (20 mg/kg) were administered into the tail vein of animals 10 h before examination. The Fas-activating antibody Jo2 (0.3 mg/kg of body weight; BD bioscience) was injected i.p. and mice were sacrificed 6 h later [18,19].

Preparation of Liver Mononuclear Cells

Liver mononuclear cells were separated from the liver as previously described [20]. Livers were perfused through the portal vein with PBS, then minced and passed through a 100 μm nylon mesh. The filtrate was centrifuged at 50×*g* for 1 min, and the

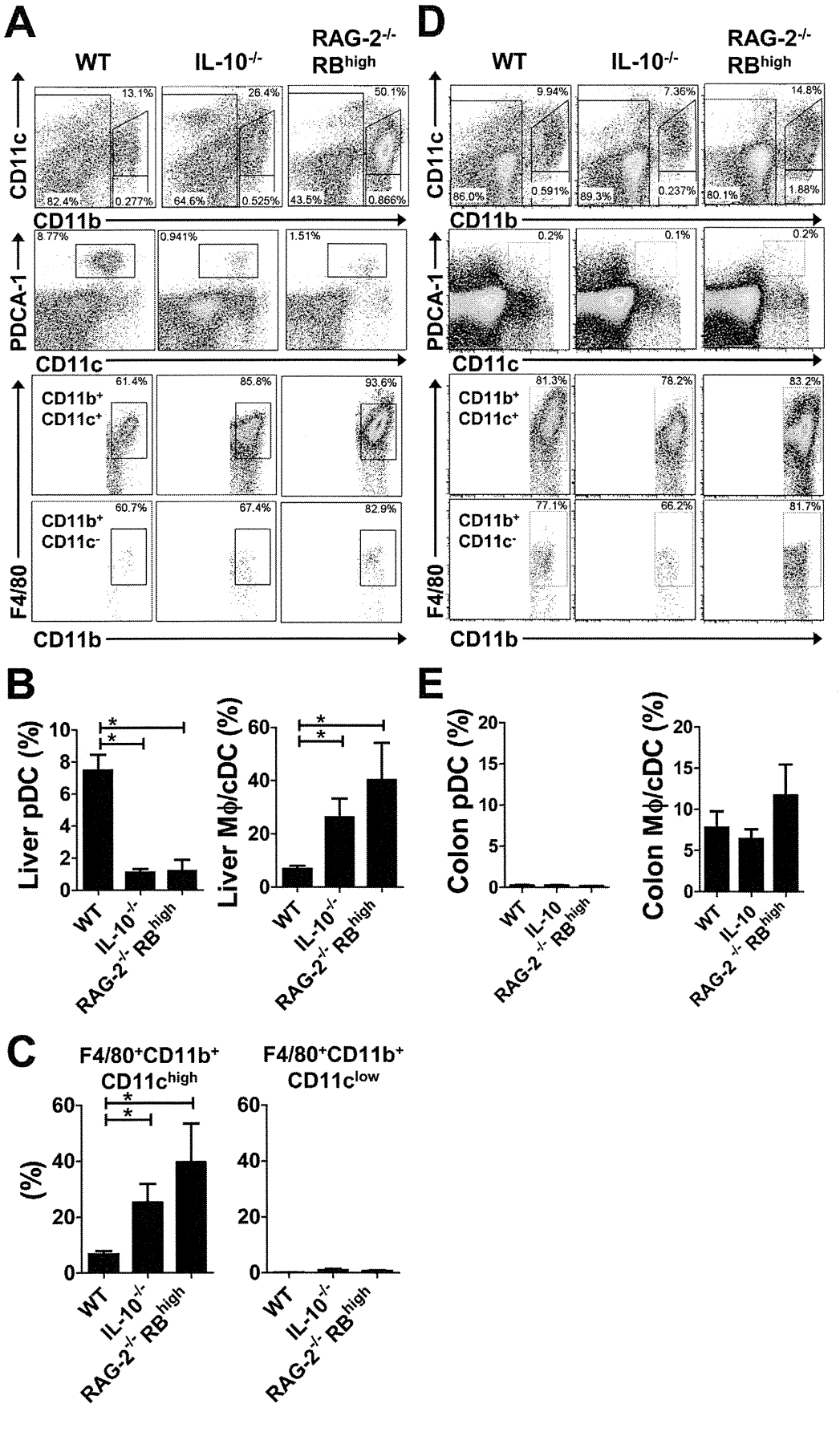
A
WT
IL-10-/-
RAG-2-/- RBhigh
CD11c
CD11b
13.1%
82.4%
0.277%
26.4%
64.6%
0.525%
50.1%
43.5%
0.866%
PDCA-1
CD11c
8.77%
0.941%
1.51%
CD11b+ CD11c+
61.4%
85.8%
93.6%
CD11b+ CD11c-
60.7%
67.4%
82.9%
F4/80
CD11b
D
WT
IL-10-/-
RAG-2-/- RBhigh
CD11c
CD11b
9.94%
86.0%
0.591%
7.36%
89.3%
0.237%
14.8%
80.1%
1.88%
PDCA-1
CD11c
0.2%
0.1%
0.2%
CD11b+ CD11c+
81.3%
78.2%
83.2%
CD11b+ CD11c-
77.1%
66.2%
81.7%
F4/80
CD11b
B
Liver pDC (%)
Liver Mϕ/cDC (%)
WT
IL-10-/-
RAG-2-/- RBhigh
E
Colon pDC (%)
Colon Mϕ/cDC (%)
WT
IL-10
RAG-2-/- RBhigh
C
F4/80+CD11b+ CD11chigh
F4/80+CD11b+ CD11clow
(%)
WT
IL-10-/-
RAG-2-/- RBhigh

Figure 2. Chronic intestinal inflammation was associated with reciprocal changes in the balance of APCs. (**A**) Flow cytometry results related to mononuclear cells isolated from the livers of WT (left column), IL-$10^{-/-}$ (middle), and RAG-$2^{-/-}$ RB^{high} (right) mice. Dead cells were excluded with 7AAD staining, followed by proper use of a FSC/SSC gate. $CD11b^-$, $CD11b^+CD11c^{high}$, and $CD11b^+CD11c^{low}$ cells were gated from the cells shown in the first row. $CD11b^-$ cells are shown in the second row and PDCA-$1^+CD11b^-CD11c^{int}$ cells were analyzed. The expression of F4/80 in $CD11b^+CD11c^{high}$ cells and $CD11b^+CD11c^{low}$ cells are analyzed in the third row and the fourth row. (**B**) Proportion of PDCA-$1^+CD11b^-CD11c^{int}$ pDCs and $F4/80^+CD11b^+$ Mφ/cDCs among whole mononuclear cells. (**C**) Proportion of $F4/80^+$ $CD11b^+CD11c^{high}$ Mφ/cDCs and $F4/80^+$ $CD11b^+CD11c^{low}$ Mφ/cDCs among whole mononuclear cells. (**D**) Flow cytometry analysis of mononuclear cells isolated from the colons of WT (left column), IL-$10^{-/-}$ (middle), and RAG-$2^{-/-}$ RB^{high} (right) mice. (**E**) Proportion of PDCA-$1^+CD11b^-CD11c^+$ pDCs and $F4/80^+CD11b^+CD11c^-$ Mφ/cDCs among whole mononuclear cells. FACS data are representative of three independent experiments expressed as means ± SEM for each group. WT ($n=4$), IL-$10^{-/-}$ ($n=4$) and RAG-$2^{-/-}$ RB^{high} ($n=3$) mice. *$P<0.05$.
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supernatant washed once. Cells were suspended in Histopaque solution (Sigma-Aldrich) and overlaid on HBSS. After centrifugation (780×*g* for 20 min), cells were collected from the upper phase.

Preparation of LP Mononuclear Cells

Cell isolation was performed as previously described [21]. Dissected colon mucosa was incubated with Ca^{2+}, Mg^{2+}-free HBSS containing 1 mM DTT (Sigma-Aldrich) and 5 μM EDTA (Gibco) for 30 min, then treated with 3 mg/ml collagenase (Roche Diagnostics GmbH, Germany) and 0.01% DNase (Worthington Biomedical Co., Freehold, NJ, USA) for 1 h. Cells were pelleted twice through a 40% isotonic Percoll solution and then subjected to Ficoll-Hypaque density gradient centrifugation (40%/75%).

Histological Examination

Liver and colon were fixed in 10% formalin and embedded in paraffin. Sections were stained with H&E and then examined. Histological examination of acute colitis was performed as described previously [22]. Briefly, histological activity score was assessed as the sum of three parameters as follows: extent, 0–3 (0, none; 1, mucosa; 2, mucosa and submucosa; 3, transmural); inflammation, 0–3 (0, none; 1, slight; 2, moderate; 3, severe); crypt damage, 0–4 (0, none; 1, basal 1/3 lost; 2, basal 2/3 lost; 3, only surface epithelium intake; 4, entire crypt and epithelium lost). The score of each parameter was multiplied by a factor of 1–4 (1, 0–25%; 2, 26–50%; 3, 51–75%; 4, 76–100%) according to the percentage of epithelial involvement.

Flow Cytometry

After blocking with anti-FcR (CD16/32, BD bioscience) for 20 min, cells were incubated with specific mAbs at 4°C for 30 min. The following mAbs were used: anti-mouse CD3e-APC-Cy7; anti-CD4-PE-Cy7; anti-NK1.1-APC; anti-CD11b-PE-Cy7; anti-CD11cFITC; 7-AAD; anti-PDCA-1-APC; anti-CCR9-PE; anti-IFN-γ-FITC; and anti-IL-17-APC (eBioscience, BD bioscience). Background fluorescence was assessed by staining with irrelevant anti-rat isotypes (BD bioscience). Stained cells were analyzed by flow cytometry (FACS Canto II, Becton Dickinson Co.) and data analyzed using FlowJo software (Tree Star Inc.) [12].

Quantitative RT-PCR (qPCR)

All qPCR assays were performed as described previously [14]. RNA was extracted from LP mononuclear cells using TRIzol reagent (Invitrogen, Carlsbad, CA, USA) and cDNA was synthesized from 100 ng of total RNA using TaqMan® Reverse Transcription Reagents (Applied Biosystems, Foster City, CA, USA). Reverse transcription was performed at 25°C for 10 min, 48°C for 30 min, and then 95°C for 5 min. cDNA was analyzed by qPCR using TaqMan® Universal PCR Master Mix (Applied Biosystems) in an Applied Biosystems StepOne™/StepOnePlus™ Real-Time PCR System. Cycling conditions for PCR amplification were 50°C for 2 min and 95°C for 10 min, followed by 40 cycles of 95°C for 10 s, then 60°C for 1 min. Relative quantification was achieved by normalizing to the β-actin gene (Applied Biosystems). The following probes were purchased from Applied Biosystems: *Ifng* (99999071_m1), *Tnf* (99999068_m1) and *Actb* (01205647_g1).

In vitro Proliferation Assays

APCs, PDCA-1^+ pDCs from the livers of C57BL/6 mice, $CD11b^+$ Mφs from the inflamed livers of Con A-injected C57BL/6 mice (Con A Mφs), IL-$10^{-/-}$ mouse Mφs, and DSS-treated C57BL/6 mouse Mφs (DSS Mφs) were isolated using a FACS Aria (Becton Dickinson Co.). Enriched naïve $CD4^+$ splenocytes obtained from OT-II mice were sorted using a $CD4^+$ $CD62L^+$ T Cell Isolation Kit II (Miltenyi Biotech, Auburn, CA, USA) and labeled with 1 mM CFSE (Molecular Probes, Eugene, OR, USA) for 10 min at 37°C, followed by the addition of 1.0 ml of FCS for 2 min and washed three times in PBS. CFSE-labeled CD4+ naïve cells (1×10^5 cells/well) were co-cultured with pDCs or Mφs (2×10^4 cells/well) in 96-well round-bottom plates for 72 h in the presence of OVA peptides (1 μM). After incubation, cells were collected, incubated with anti-CD4-PE-Cy7 and anti-CD3e-APC-Cy7 and analyzed by FACS; 7-AAD was added to exclude dead cells. Proliferation analysis is based on division times of $CFSE^+CD4^+$ T cells.

Unlabeled $CD4^+$ naïve T cells (1×10^5 cells/well) were also co-cultured with pDCs or Mφs (2×10^4 cells/well) for 120 h in the presence of OVA peptides followed by incubation with anti-IFN-γ and/or anti-IL-17 mAbs, and then treated with a Cytofix/Cytoperm kit (BD bioscience). Culture supernatant was collected and analyzed with the BD™ Cytometric Beads Array Mouse Th1/Th2/Th17 Cytokine Kit (Becton Dickinson Co.).

Statistical Analysis

Results are expressed as mean ± SEM. Data groups were analyzed with GraphPad Prism using Tukey-Kramer test and Student's *t*-tests. A *P*-value less than 0.05 was considered statistically significant.

Results

Accumulation of Mononuclear Cells was Induced in the Liver of Mice with Chronic Colitis

To investigate hepatic immunological regulation in the colitic condition, we first used two murine IBD models, RAG-$2^{-/-}$ mice adoptively transferred with splenic $CD4^+CD45RB^{high}$ T cells from WT mice (RAG-$2^{-/-}$ RB^{high} mice) and IL-$10^{-/-}$ mice. Consistent with previous reports [15], RAG-$2^{-/-}$ RB^{high} mice showed severe colitis, and infiltration of mononuclear cells in the portal vein area of the liver (Fig. 1A). This was not observed in WT mice. IL-$10^{-/-}$ mice spontaneously developed colitis, characterized by prominent epithelial hyperplasia with leukocyte infiltration into the liver (Fig. 1A). Consistently, the absolute number of liver

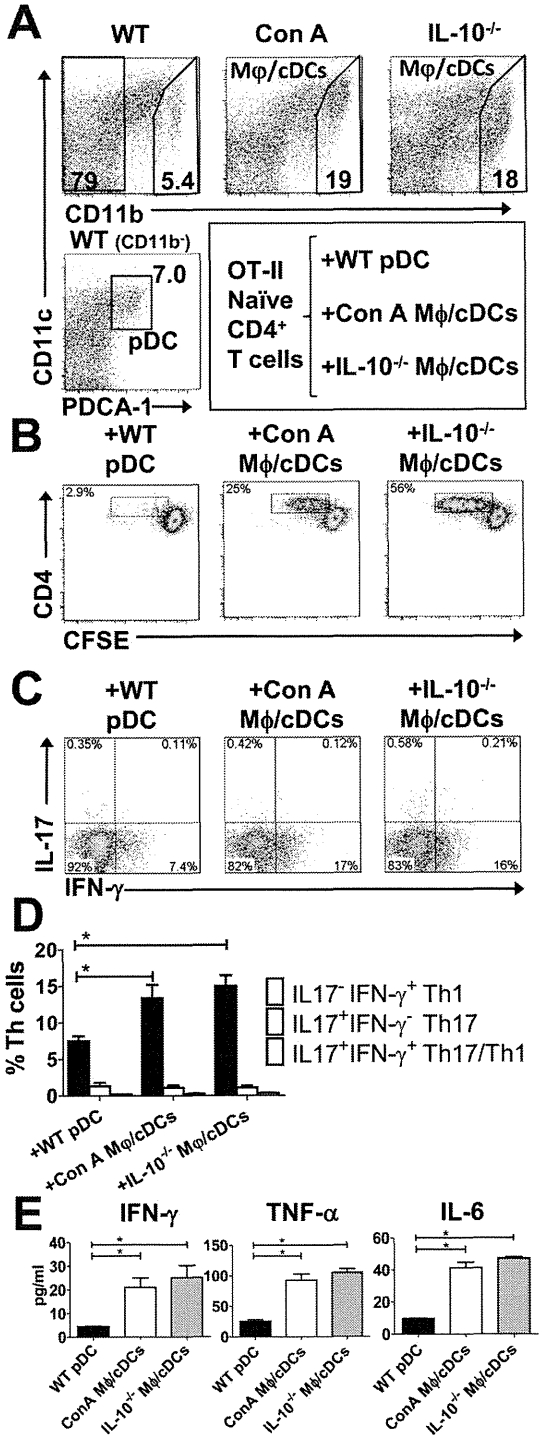

Figure 3. Hepatic Mφ/cDCs cells under colitic conditions induce a Th1 inflammatory response. (**A**) FACS analysis of PDCA-1$^+$CD11b$^-$CD11c^{int} pDCs from the livers of WT (left column) mice. We also analyzed CD11b$^+$CD11c$^-$ Mφs from the livers of ConA-treated (middle) and IL-10$^{-/-}$ (right) mice, respectively. Dead cells were excluded with 7AAD staining. (**B**) Proliferation of naïve CFSE-labeled splenic CD4$^+$ T cells from OT-II mice, and co-cultured WT pDCs, ConA Mφs, or IL-10$^{-/-}$ Mφs in the presence of OVA. Dead cells were excluded with 7AAD staining and CD4$^+$ T cells gated on CD3$^+$ CD4$^+$ cells are shown (B and C). Data are representative of three independent experiments. (**C**) Intracellular IFN-γ and IL-17A expression in CD4$^+$ T cells co-cultured with WT pDCs, ConA Mφs, or IL-10$^{-/-}$ Mφs in the presence of OVA. Data are representative of three independent experiments. (**D**) Proportion of IFN-γ$^+$IL-17A$^-$, IFN-γ$^-$IL-17A$^+$, and IFN-γ$^+$IL-17A$^+$ cells among the Th cell population. (**E**) Cytokine concentrations in the culture supernatant of OT-II CD4$^+$ T cells that were co-cultured with WT pDCs or ConA Mφs. Data are representative of three independent experiments. Each experiment was performed using duplicate samples. *P<0.05.

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mononuclear cells in both colitis models was significantly increased when compared with age-matched C57BL/6 mice (Fig. 1B). Liver enzymes (aspartate aminotransferase and alanine aminotransferase) demonstrated no significant changes between WT mice and the two colitis groups (data not shown).

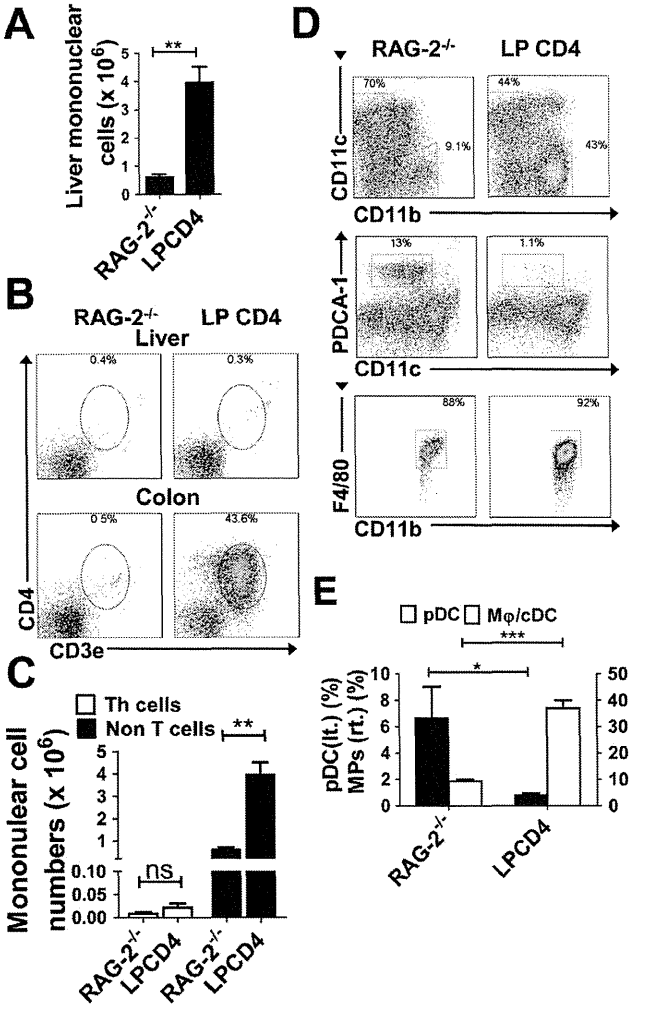

Figure 4. Immune dysregulation in the liver independent of T cell accumulation in the liver. (**A**) Numbers of hepatic mononuclear cells. Data are presented as the mean ± SEM for each group. RAG-2$^{-/-}$ mice (n=4) and RAG-2$^{-/-}$ LP CD4$^+$ mice (n=4). (**B**) Representative data from flow cytometry analysis of Th cells in each organ. Dead cells were excluded by 7AAD staining. (**C**) Numbers of hepatic CD3$^+$ CD4$^+$ Th cells and non-T cells. (**D**) Representative data from flow cytometry analysis of pDCs and Mφs in the liver of each experimental group. Dead cells were excluded using 7AAD staining. Scatter plots for CD11b$^-$CD11c^{int} and CD11b$^+$CD11c$^-$ cells are shown in the middle and bottom rows, respectively. (**E**) Proportion of PDCA-1$^+$CD11b$^-$CD11c^{int} pDCs and F4/80$^+$CD11b$^+$CD11c$^-$ Mφs among whole mononuclear cells. Data are representative of three independent experiments. Values are presented as the mean ± SEM from seven mice in each group. *P<0.05, **P<0.01, ***P<0.005.

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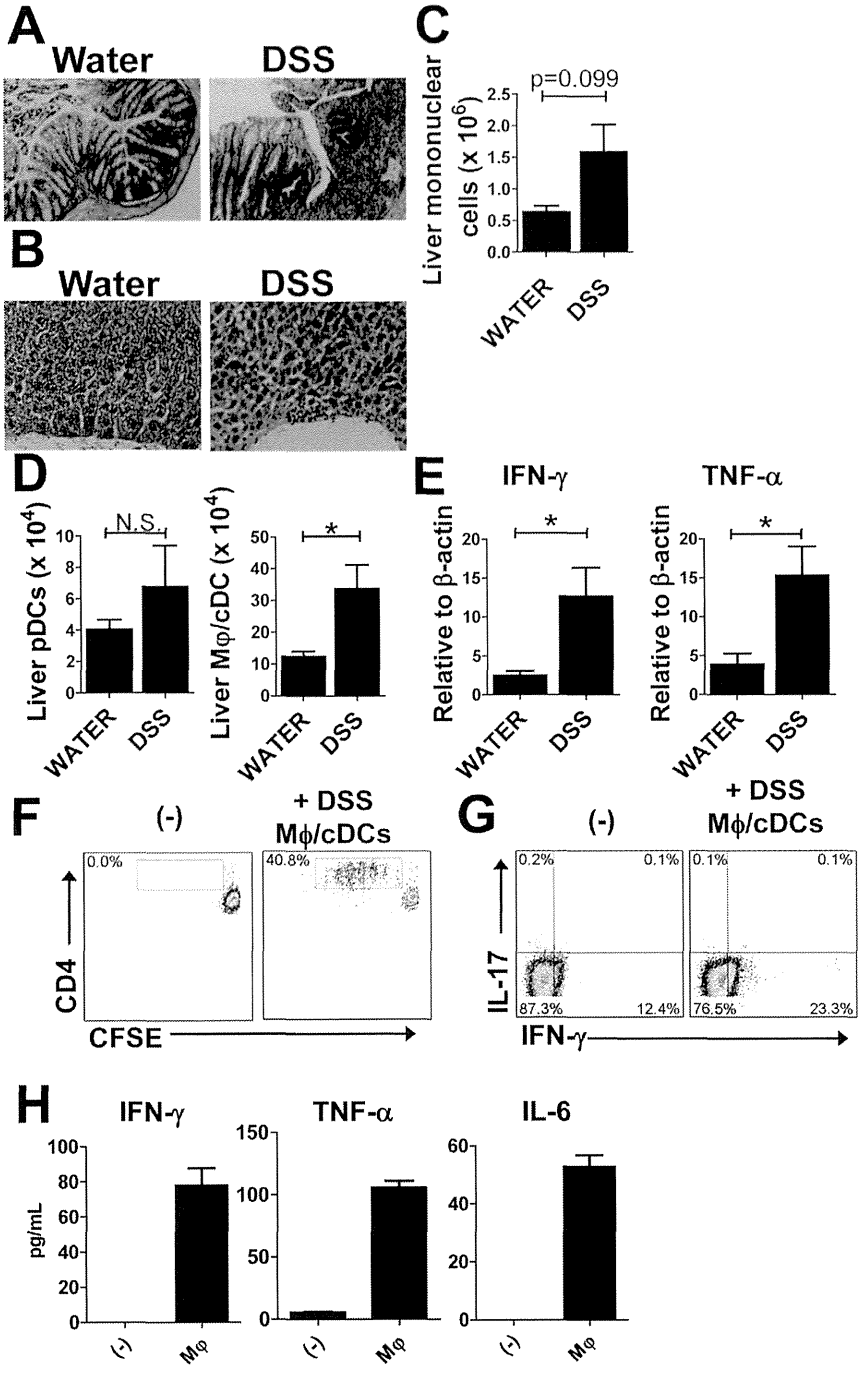

Figure 5. Accumulation of liver macrophages in acute colitis models. (**A**) H&E specimens of the colon taken from mice treated with water (left) or 2% DSS (right). Magnification, ×40 (**B**) H&E specimens of livers from mice treated with water (left) and DSS (right). Magnification, ×100 (**C**) The number of liver mononuclear cells from water- and DSS-treated mice. (**D**) The absolute number of PDCA-1^{+}CD11b^{-}CD11c^{int} pDCs and CD11b^{+}CD11c^{-} Mφs among whole mononuclear cells. Data are representative of three independent experiments. (**E**) Levels of mRNA transcripts for IFN-γ, TNF, and IL-6 in the liver. Values are presented as the mean ± SEM for each group ($n=4$, water-treated group; $n=5$, DSS-treated group). *$P<0.05$. N.S., no significant difference. (**F–H**) Hepatic DSS Mφs induce a Th1 inflammatory response. (**F**) Proliferation of naïve CFSE-labeled splenic CD4^{+} T cells. (**G**) Intracellular IFN-γ and IL-17A expression in naïve CFSE-unlabeled splenic CD4^{+} T cells from OT-II mice that were co-cultured with or without hepatic Mφs from DSS-treated WT mice in the presence of OVA. Dead cells were excluded with 7AAD staining, and CD4^{+} T cells gated on CD3^{+} CD4^{+} cells are shown. Data are representative of two independent experiments. (**H**) Representative cytokine concentrations in culture supernatants from two independent experiments. Each experiment was performed using duplicate samples.
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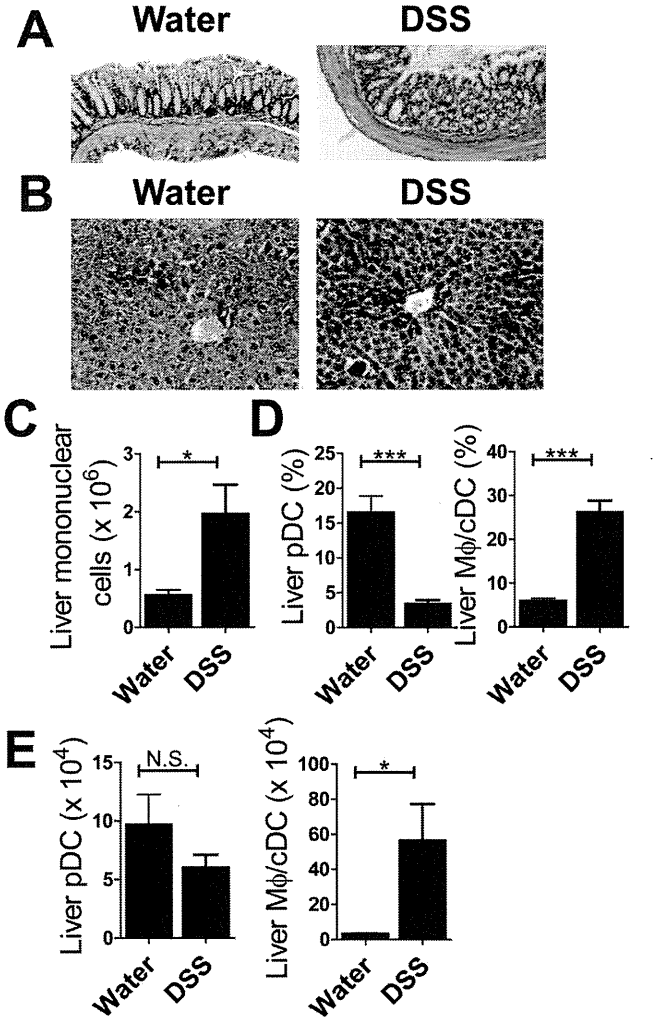

Figure 6. Hepatic infiltration of Macrophages are obserbed in DSS-treated RAG-2$^{-/-}$ mice. (**A**) H&E specimens of colon from mice treated with water (left) or 4% DSS (right). Magnification, ×100 (**B**) H&E specimens of liver from water- (left) and DSS-treated (right) mice. Magnification, ×200 (**C**) The number of liver mononuclear cells for each group of mice. (**D**) Proportion and (**E**) absolute number of PDCA-1^{+}CD11b^{-}CD11c^{int} pDCs and CD11b^{+}CD11c^{-} macrophages among whole mononuclear cells. Data are representative of two independent experiments. Values are presented as the mean ± SEM for each group ($n=4$, water-treated group; $n=4$, DSS-treated group). *$P<0.05$. N.S., no significant difference.
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Chronic Colitis is Associated with APC Balance in the Liver

Since it has been reported that Mφ/cDCs and pDCs represent subgroups of APCs differentiated from Mφ/DC precursors [23], we further investigated the composition of APCs in the liver. Analysis of flow cytometry data revealed that the proportion of CD11b^{+}CD11c$^{high/low}$ Mφ/cDCs in the livers (Fig. 2A, first row) of RAG-2$^{-/-}$ RB^{high} and IL-10$^{-/-}$ mice was significantly increased when compared with WT mice. Almost all CD11b^{+}CD11c$^{high/low}$ Mφ/cDCs expressed F4/80 (Fig. 2A, third and fourth rows), therefore we classified them as mononuclear phagocyte system cells. In contrast, the proportion of CD11b^{-}CD11c^{low}PDCA-1^{+} pDCs in the livers of WT mice was significantly higher than those in RAG-2$^{-/-}$ RB^{high} and IL-10$^{-/-}$

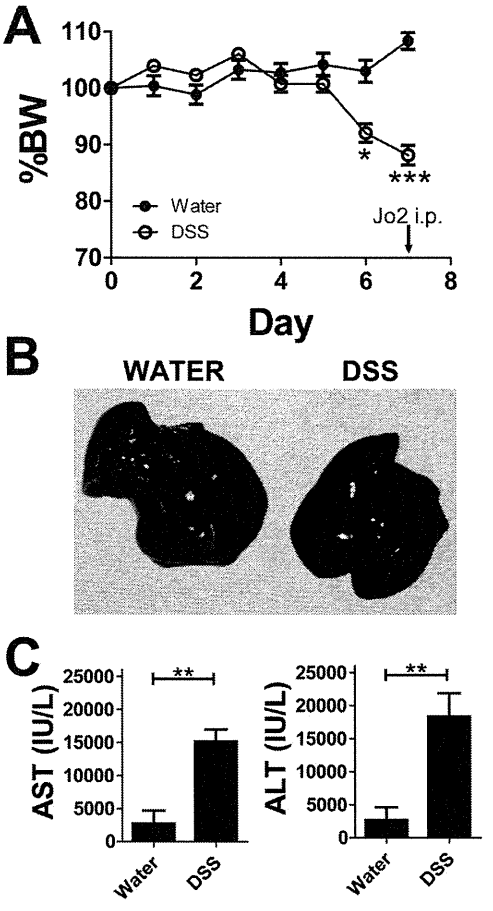

Figure 7. Newly recruited macrophages in the liver during colitis predispose it to inflammation. WT mice were treated under SPF conditions with 2% DSS for 5 days and subsequently with water for 2 days ($n=5$ mice per group). The Fas-activating antibody, Jo2, was injected i.p. into mice. (**A**) Changes in body weight are expressed as a percentage of original weight. Values are presented as the mean ± SEM for each group. Data are representative of two independent experiments. (**B**) Macroscopic view of livers from water- (left) and DSS-treated mice. (**C**) Levels of aspartate aminotransferase (left) and alanine aminotransferase (right) in water- and DSS-treated mice 6 h after Jo2 injection.
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mice (Fig. 2A, second row). Statistical analysis confirmed reciprocal changes, where a decrease in the proportion (and absolute number) of pDCs corresponded to an increase in Mφ/cDCs in the liver of colitic mice (Fig. 2B). F4/80^{+}CD11b^{+}CD11c^{high} cells, but not F4/80^{+}CD11b^{+}CD11c^{low} cells, were predominant in hepatic Mφ/cDCs (Fig. 2C). Only a small number of pDCs were found in the LP of the colon under both healthy and colitic conditions (Fig. 2D and E).

Hepatic Mφ/cDCs Under Colitic Conditions Induce a Th1 Inflammatory Response

Owing to finding drastic compositional changes of liver APCs in colitic conditions, we assessed the function of hepatic CD11b^{-}CD11c^{low}PDCA-1^{+} pDCs isolated from the livers of WT mice (WT pDCs), and CD11b^{+}CD11c$^{-/+}$ Mφ/cDCs isolated from the livers of colitic IL-10$^{-/-}$ mice (IL-10$^{-/-}$ Mφ/cDCs) (Fig. 3A). The positive controls were Mφ/cDCs isolated from ConA-treated livers (ConA Mφ/cDCs) (Fig. 3A). We co-cultured pDCs or Mφ/cDCs with naïve CFSE-labeled CD4^{+} T cells in the

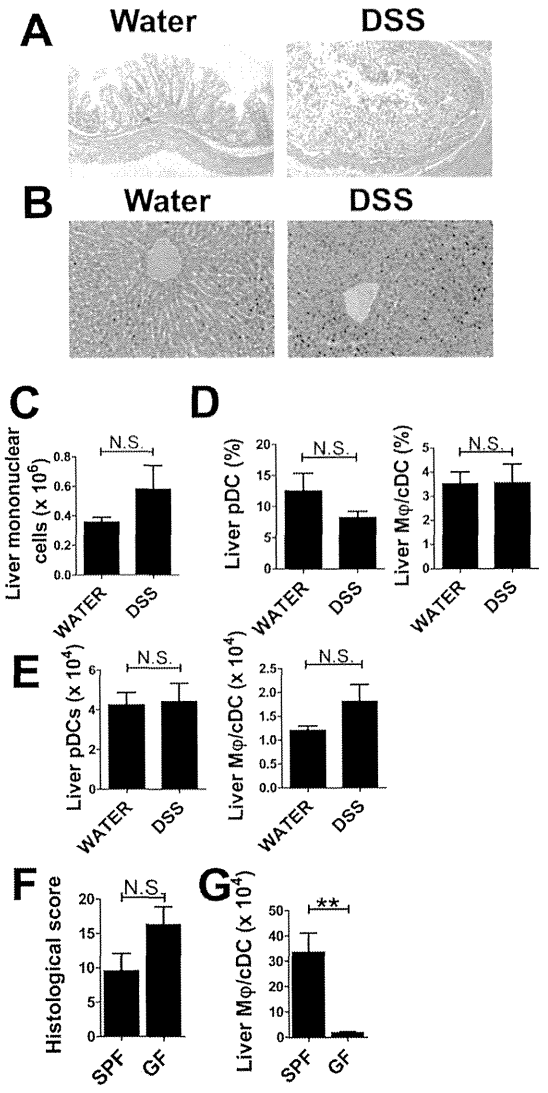

Figure 8. GF condition abrogates the compositional changes of hepatic APCs in acute colitis models. (**A**) H&E staining of colon sections taken from mice treated with water (left) or DSS (right). Magnification, ×100. (**B**) H&E staining of liver sections from water- (left) and DSS-treated (right) mice. Magnification, ×100. (**C**) Number of liver mononuclear cells. (**D**) Proportion and (**E**) absolute number of PDCA-1$^+$CD11b$^-$CD11c^{int} pDCs and CD11b$^+$CD11c$^-$ Mφs among whole mononuclear cells. (**F, G**) Comparisons between SPF and GF in the histology (F) and the numbers of Mφs (G) in DSS-treated mice. Data are representative of two independent experiments. Values are presented as the mean ± SEM for each group ($n = 5$, water-treated GF group; $n = 4$, DSS-treated GF group; $n = 5$, DSS-treated SPF group). N.S., no significant difference.

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presence of OVA peptides. After 72 h in culture, CD4$^+$ T cells had extensively divided in the presence of Mφ/cDCs from not only Con A-treated mice but also colitic IL-10$^{-/-}$ mice, but divided little in the presence of WT pDCs (Fig. 3B). To further assess pro-inflammatory responses of Mφ/cDCs, we examined cytokine production from cultured CD4$^+$ T cells. Flow cytometry showed a significant increase in the proportion of IFN-γ-expressing CD4$^+$ T cells following co-culture with IL-10$^{-/-}$ Mφ/cDCs. A similar result was seen with ConA Mφ/cDCs; however, there was no significant increase in IL-17-producing CD4$^+$ T cells (Fig. 3C and D). Consistent with these data, culture supernatants from CD4$^+$ T cells following co-culture with IL-10$^{-/-}$ Mφ/cDCs or ConA Mφ/cDCs exhibited a significant increase in IFN-γ and other pro-inflammatory cytokines such as IL-6 and TNF-α (Fig. 3E).

Immune Dysregulation in the Liver

Given the evidence that activated Mφ/cDCs in the liver instruct naïve CD4$^+$ T cells to differentiate into Th1 cells (Fig. 3C), we then examined whether the primary recruitment of colitogenic Th1 cells to the liver or other mechanisms induced a dysregulation in the balance of Mφ/cDCs and pDCs in the liver under colitic conditions, as mononuclear cells expanded in the liver in colitic RAG-2$^{-/-}$ RB^{high} mice and IL-10$^{-/-}$ mice (Fig. 1). As an alternative mechanism, the breakdown of the colonic barrier and sequential uptake of MAMPs or other gut-derived antigens during the colitis state may play an important role in drastic changes of APCs in the liver. To minimize the effects of liver-infiltrating T cells, we used an adoptive retransfer system: colitogenic LP CD4$^+$ T cells obtained from established RAG-2$^{-/-}$ RB^{high} mice were transferred into RAG-2$^{-/-}$ mice to generate RAG-2$^{-/-}$ LP CD4$^+$ mice, as colitogenic CD4$^+$ T cells residing in the intestine express gut-specific homing receptors and have an ability to preferentially migrate to the intestine but not to liver [24,25]. These mice developed severe colitis (data not shown) and also showed significant increases in the number of liver-infiltrating mononuclear cells (Fig. 4A). The RAG-2$^{-/-}$ LP CD4$^+$ mice showed almost no CD3$^+$CD4$^+$ T cell infiltration in the liver, but did exhibit severe colitis with marked infiltrations of CD3$^+$CD4$^+$ T cells in the colon (Fig. 4B). We confirmed statistically that the significant increases in liver mononuclear cells in RAG-2$^{-/-}$ LP CD4$^+$ mice was due to the emergence of non-T cells (possibly APCs) (Fig. 4C). We further investigated compartments of APCs in the liver of RAG-2$^{-/-}$ LP CD4$^+$ mice. Consistent with the data from colitic RAG-2$^{-/-}$ RB^{high} or IL-10$^{-/-}$ mice (Fig. 2), RAG-2$^{-/-}$ LP CD4$^+$ mice also showed reciprocal changes; a significant decrease in pDCs corresponded with an increase in Mφ/cDCs (Fig. 4D and E). RAG-2$^{-/-}$ LP CD4$^+$ mice exhibited severe colitis without infiltration of T cells in the liver (Fig. 4B and 4C). These data suggest that intestinal inflammation induce changes in the compartments of APCs.

Accumulation of Mφ/cDCs in the Livers of Mice with DSS-induced Colitis

To further determine whether hepatic immune dysregulation is caused by barrier disruption of the intestinal wall, we looked at livers from immune-sufficient WT mice subjected to DSS-induced colitis under SPF conditions. Seven days after the start of DSS administration, mice exhibited severe colitis and infiltration of mononuclear cells in the liver (Fig. 5A and B). Consistent with histological data, liver mononuclear cells were upregulated in DSS-treated mice when compared with water-treated mice (Fig. 5C). Flow cytometry revealed that the number of Mφ/cDCs was significantly increased in the livers of DSS-treated mice; however, there were no significant changes in the numbers of pDCs (Fig. 5D). Expression levels of IFN-γ and TNF-α in the liver were significantly increased in DSS-treated mice (Fig. 5E). Furthermore, hepatic Mφ/cDCs in the DSS-treated mice promoted proliferation of CD4$^+$ T cells (Fig. 5F), and increased the proportion of IFN-γ-expressing CD4$^+$ T cells (Fig. 5G). We detected a significant increase in pro-inflammtory cytokines in co-culture supernatants (Fig. 5H).

We also confirmed the reciprocal changes for pDCs and Mφ/cDCs in DSS-treated RAG-2$^{-/-}$ mice, which had severe colitis and infiltration of mononuclear cells in the liver (Fig. 6A, B and C). The proportion of pDCs was decreased in DSS-treated RAG-2$^{-/}$

$^{-}$ mice (Fig. 6D). Furthermore, the proportion and number of Mφ/cDCs was increased, even in mice lacking $CD4^+$ T cells (Fig. 6D and E). These data suggest that colon inflammation induces the recruitment of Mφ/cDCs and these newly recruited Mφ/cDCs stimulate Th1 cells or promote differentiation of Th1 cells.

We also assessed whether these Mφ/cDCs that emerged under colitic conditions contributed to acute liver inflammation, which had been initially induced by Fas-activating antibody (Jo2) [18,19]. As shown in Fig. 7A, DSS-treated mice with significant body weight loss underwent Jo2 treatment. The livers of DSS-induced colitic mice in which Jo2 was administered showed significant blood accumulation (Fig. 7B). Consistently, the levels of aspartate aminotransferase and alanine aminotransferase were significantly increased in DSS mice after Jo2 treatment compared with non-DSS mice (Fig. 7C).

Leukocyte Infiltration was not Detected in Acute Colitis Models Under GF Conditions

We investigated whether MAMPs or other bacterial degradation products induce hepatic immune dysregulation and analyzed the livers of mice treated with DSS under GF conditions. Bacteria do not reside in the intestines of GF mice, meaning there is no inflow of bacterial components into the liver. Mice treated with DSS under GF conditions showed severe colitis; however, there was no evidence of leukocyte infiltration (Fig. 8A and B). Consistent with histological data, we observed no significant changes in the number of liver mononuclear cells for controls and DSS-treated mice (Fig. 8C). Flow cytometry data showed that there were no significant changes in the ratios of pDCs to Mφ/cDCs (Fig. 8D); or in the absolute numbers of these cells in the livers of DSS-treated mice (Fig. 8E). DSS-treated GF mice also exhibited severe colitis compared with SPF mice (Fig. 8F), but Mφ/cDCs were not increased (Fig. 8G). These findings indicate that bacterial products play a crucial role in inducing infiltration of Mφ/cDCs into the liver.

Discussion

In this study we demonstrated: (1) hepatic pDCs are decreased and Mφ/cDCs are increased in mice with chronic intestinal inflammation; (2) newly emerged Mφ/cDCs during the development of colitis possess pro-inflammatory characteristics that drive differentiation of naïve T cells toward Th1 cells; (3) Mφ/cDCs that emerge during colitis possibly result in the exacerbation of hepatitis symptoms; and (4) the reciprocal changes we observed in the compartments of the liver's innate immune system during intestinal inflammation were mainly caused by MAMPs, other bacterial degradation products, or bacteria themselves subsequent to the disruption of the intestinal wall. Changes in APC compartments were seen not only in RAG-$2^{-/-}$ RB^{high} mice and DSS-administered mice but also in RAG-$2^{-/-}$ mice retransferred with gut-tropic colitogenic LP $CD4^+$ T cells in SPF conditions; but were not seen in mice of the DSS colitis model in the GF condition that lack commensal bacteria in the gut.

Previous studies have suggested a relationship between intestinal and liver inflammation [2,3,11,26]. These previous reports support our hypothesis that intestinal inflammation skews the balance of immune cells in the liver. However, no expansive research has been conducted to clarify the inflammatory relationship between the liver and the intestine. In this study, we are the first to demonstrate distinctive changes in compartments (pDCs vs. Mφ/cDCs) of hepatic immune cells due to chronic intestinal inflammation. Increased hepatic Mφ/cDCs appeared irrespective of whether the colitis model was acute or chronic. Immunological changes were not only observed in the liver during colitis, but also in ConA-induced liver injury (Fig. 3A) [14], suggesting that these changes are universal phenomena during liver stress.

We hoped to elucidate how these crucial changes of hepatic APCs occur during intestinal inflammation. The liver is between the portal and systemic circulatory systems. The liver receives continuous blood supplements from the intestine via the portal vein and is presumably exposed to MAMPs or other degradation products from viable or non-viable commensal bacteria [8]. We used a GF system to demonstrate the importance of bacterial components in causing immunological dysregulation in the liver. Most models of experimental colitis fail to develop under GF conditions [27,28]; however, we used a DSS model, which is known to result in the development of severe colitis [29,30]. DSS-treated mice under SPF conditions exhibited Mφ/cDC infiltration into the liver (Fig. 5 and 8). This was not observed for DSS-treated mice under GF conditions despite the existence of severe colitis. This means that the accumulation of Mφ/cDCs is not just a consequence of nonspecific inflammation related with colitis. Mice under GF conditions lack the protective effects against colitis from microbiota [31], but also lack the stimulant transferred from the intestine to the liver. These data suggest that stimulation from degradation products from intestinal commensal bacteria play an important role in recruitment of Mφ/cDCs.

Various commensal bacteria that usually reside in the intestine (such as *C. coccoides*, *C. leptum* and *Enterococcus)* were found in ConA-treated and untreated livers [20]. Such a finding lends support to the hypothesis that intestinal bacterial products or bacteria themselves are transferred from the intestine to the liver. The rate (and amount) of uptake of bacteria-derived products, such as microbial DNA and LPS, is thought to increase during colitis because of the fragility of the colon wall [11,32]. Further study is required to estimate the amount and type of bacterial products that stimulate the liver during colitis.

Despite our finding that recruitment of Mφ/cDCs is stimulated by bacterial degradation products or bacteria themselves, several scenarios may be considered as additional mechanisms underlying the accumulation of Mφ/cDCs. First, activated Mφ/cDCs themselves migrate from the intestine to the liver. Alternatively, circulating monocytes accumulate in the liver stimulated by pro-inflammatory cytokines transferred via the portal vein, such as TNF-α produced by LP $CD4^+$ T cells or APCs in the intestine [30]. However, pro-inflammatory cytokines are produced in the colon of GF mice, so this possibility may only have a partial effect. Whether increased Mφ/cDCs originate from monocytes or resident macrophages in the liver should be explored in future studies. Third, activated T cells migrate from the intestine to the liver and stimulate the liver to recruit and activate circulating or resident Mφ/cDCs. RAG-$2^{-/-}$ LP $CD4^+$ mice (Fig. 3) and DSS-treated RAG-$2^{-/-}$ (Fig. 6) mice show increased Mφ/cDCs without infiltration of T, B, and NKT cells in the liver, which suggests that Mφ/cDCs are recruited to the liver independently of T, B, and NKT cells. However, there still remains involvement of cytokines, DSS itself and other types of the cells such as NK cells and liver sinusoidal endothelial. Macrophages accumulated during both acute and chronic colitis models in the liver produced inflammatory cytokines and promoted differentiation of Th1 cells or activation of NK cells. Thus, it is likely that systemic IFN-γ production leads subsequent upregulation of the sensitivity of FAS-mediated signal in the liver.

The current study suggests that hepatic APC compartments alter in parallel with the progression of colitis, and increased Mφ/

cDCs have pro-inflammatory characteristics. Two major hepatic diseases presenting as extraintestinal manifestations in IBD patients are PSC and autoimmune hepatitis. The prevalence of these liver diseases is reported, both in Crohn's disease and ulcerative colitis, to correlate with the severity and expansion of the intestinal disease [3,26,33]. The active disease is associated with ongoing extraintestinal manifestations in patients with Crohn's disease [26]. The prevalence of PSC was 5.5% in patients with substantial colitis and 0.5% in patients with distal colitis [2]. Therefore, Mφ/cDCs infiltrating into the liver in the colitis models may be involved in the pathogenesis of IBD-related liver diseases. However, liver enzymes demonstrated no significant changes during colitis unlike autoimmune hepatitis or PSC. Thus, we hypothesized that accumulated Mφ/cDCs may increase the susceptibility of hepatitis. We combined the Fas-mediated model of hepatitis with the DSS colitis models to show the clinical importance of our study. Fas-mediated hepatitis models are widely used as a model of hepatitis [18,19]. TNF-α released by activated hepatic macrophages is one of the very important factors that damage hepatocytes, which are highly sensitive to cell-extrinsic stimulation in Fas-mediated hepatitis [19]. We also suggest the importance of the infiltration of macrophages in fulminant hepatitis models [10]. Mφ/cDCs recruited to the liver during colitis in a T cell-independent manner produce pro-inflammatory cytokines and promote Th1 reaction. $CD11b^{+}CD11c^{low/+}$ Mφ/cDCs are already detectable in healthy WT mice (Fig. 2B), but previous studies suggest that these resident macrophages including Kupffer cells have a immunoregulatory character, such as producing IL-10 [6,34]. Taken together with the previous studies and our findings, Mφ/cDCs infiltrating into the liver during colitis may contribute to making the hepatitis worse. Some additional stimulation would be needed for breaking down liver tolerance and causing hepatitis or cholangitis which mimics liver diseases associated with IBD.

An additional finding of our study is that pDCs are significantly decreased in the late phase of colitis in the chronic models. Hepatic pDCs plays an important role in maintaining liver homeostasis [9,10,14], so not only increased Mφ/cDCs but decreased pDCs may have effects on the infiltration of mononuclear cells in the liver during chronic colitis. This is known as sustained negative regulation of LPS signaling in response to a second LPS stimulus. pDCs express certain toll-like receptors (TLR) [14], with the number of spleen pDCs decreasing following TLR treatment [35]. These previous reports suggest that pDCs are one of the initial sensors of MAMPs or other degradation products, and possibly decrease when the endotoxin tolerance is broken down. Further studies will be needed to address this issue.

In conclusion, the findings from our study suggest that dysregulation in the balance of liver APCs, especially in the recruitment of pro-inflammatory Mφ/cDCs, during colitis occurs in a T-cell-independent manner for chronic and acute murine colitis models. This report may provide the basis for a novel strategy to treat intractable immune diseases in the liver. We have also highlighted the relevance of the relationship between liver and intestine immunology during intestinal inflammation.

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Author Contributions

Conceived and designed the experiments: YM AY TK. Performed the experiments: YM SM NN AH. Analyzed the data: YM T. Sujino T. Sato KM T. Hisamatsu HE T. Hibi NK. Wrote the paper: YM AY TK.

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Classical Th1 Cells Obtain Colitogenicity by Co-existence of RORγt-expressing T Cells in Experimental Colitis

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Background: Both Th1 and Th17 cell types are involved in the pathogenesis of chronic intestinal inflammation. We recently demonstrated that retinoid-related orphan receptor gamma t (RORγt)-expressing Th17 cells are progenitor cells for alternative Th1 cells, which have the potential to induce colitis. However, the involvement of classical Th1 (cTh1) cells generated directly from naive T cells without RORγt expression in the pathogenesis of colitis remains poorly understood.

Methods: We performed a series of in vivo experiments using a murine chronic colitis model induced by adoptive transfer of splenic $CD4^+CD45RB^{high}$ T cells obtained from wild-type, $ROR\gamma t^{gfp/gfp}$, or $ROR\gamma t^{gfp/+}$ mice into RAG-$2^{-/-}$ mice.

Results: RAG-$2^{-/-}$ mice receiving transfer of in vitro-manipulated $ROR\gamma t^{gfp/gfp}$ Th1 cells developed colitis. RAG-$2^{-/-}$ mice co-transferred with splenic $CD4^+CD45RB^{high}$ T cells obtained from wild-type mice and $ROR\gamma t^{gfp/gfp}$ mice developed colitis with a significant increase in $ROR\gamma t^{gfp/gfp}$ cTh1 cell numbers when compared with noncolitic mice transferred with splenic $CD4^+CD45RB^{high}$ T cells obtained from $ROR\gamma t^{gfp/gfp}$ mice. Furthermore, RAG-$2^{-/-}$ mice transferred with in vivo-manipulated $ROR\gamma t^{gfp/gfp}$ cTh1 cells developed colitis with a significant increase in $ROR\gamma t^{gfp/gfp}$ cTh1 cell numbers.

Conclusions: These findings indicate that both alternative Th1 cells and cTh1 cells have the potential to be colitogenic in an adaptive transfer model. The development of cTh1 cells was dependent on the co-existence of RORγt-expressing T cells, suggesting a critical role for the interactions of these cell types in the development of chronic intestinal inflammation.

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Key Words: colitis, alternative Th1, classical Th1, RORγt, $CD4^+CD45RB^{high}$ T cell

Inflammatory bowel diseases, including Crohn's disease and ulcerative colitis, are chronic, relapsing, and remitting inflammatory conditions of the gastrointestinal tract.[1,2] The activation and expansion of colitogenic $CD4^+$ T cells are required for colitis induction.[3–7]

T helper (Th) 1 cells are characterized by the production of Th1 cytokines, such as interferon-γ (IFN-γ), and the expression of Th1-polarizing transcription factor, T-bet,[8] whereas Th17 cells are characterized by the production of Th17 cytokines such as interleukin (IL)-17A and the expression of the Th17-polarizing transcription factor, retinoid-related orphan receptor gamma t (RORγt).[9,10] Previous studies have shown that either $CD4^+CD45RB^{high}$ T cells obtained from T-$bet^{-/-}$ mice,[11] which are defective in Th1 cell generation but have Th17 cell differentiation, or from $ROR\gamma t^{-/-}$ mice, which are defective in Th17 cell generation but retain Th1 cell differentiation, do not develop colitis.[12,13] These studies indicated an indispensable role for both cell types in colitis. Both Th1 and Th17 cells are known as colitogenic $CD4^+$ T cells that play important roles in chronic intestinal inflammation of human inflammatory bowel disease and murine colitis models.[14–16] Th17/Th1 double-positive cells characterized by the production of both IL-17A and IFN-γ, were involved in the pathogenesis of human inflammatory bowel disease and murine colitis models.[17–20] Moreover, several recent studies demonstrated the plasticity of T cells[21–27]; for example, Th17 cells can be converted to IFN-γ–producing cells.[18,28–31] Although a critical role for each cell type has been established, the impact of each cell type in the development of intestinal inflammation is not fully understood.

Using an adoptive T-cell transfer model, we recently demonstrated that Th17 ($ROR\gamma t^+$ T-bet^-) cells further

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differentiated into Th1 (RORγt$^-$ T-bet$^+$) cells via Th17/Th1 double-positive cells (RORγt$^+$ T-bet$^+$), independent of classical Th1 (cTh1) cells, which directly differentiated from naive T cells.[32] Th1 cells differentiated from Th17 cells were termed alternative (aTh1) cells. These results indicate that Th17 cells are progenitors of colitogenic aTh1 cells, which are key cells in the development of colitis.

Since Th1 cells were identified, it was proposed that they play critical roles in adaptive immune responses,[33] although the phenotypic classification of Th1 cells has not been fully investigated. In previous studies, we identified 2 types of Th1 cells, aTh1 cells and cTh1 cells, and demonstrated the contribution of aTh1 cells in intestinal inflammation.[32] However, the role of cTh1 cells in the development and promotion of intestinal inflammation remains unclear. Therefore, in this study, we aimed to clarify the role of cTh1 cells in the development of intestinal inflammation.

MATERIALS AND METHODS

Mice

C57BL/6 (Ly5.1) and C57BL/6-background RAG-2$^{-/-}$ (Ly5.2) mice were obtained from Taconic Laboratory (Hudson, NY) and Central Laboratories for Experimental Animals (Kawasaki, Japan), respectively. Mice with a green fluorescent protein (GFP) reporter complementary DNA knocked-in at the site for initiation of RORγt translation on the C57BL/6 (Ly5.2) background were previously described.[34] Mice were maintained under specific pathogen-free conditions in the Animal Care Facility of Keio University School of Medicine. All experiments were approved by the regional animal study committees.

Cell Isolation

Single-cell suspensions of spleen were aseptically prepared by mechanical mashing. Single-cell suspensions of intestinal lamina propria mononuclear cells were prepared as previously described[27] with slight modifications. Briefly, colons were removed and placed in Ca^{2+}- and Mg^{2+}-free Hanks' balanced salt solution (Nacalai Tesque, Kyoto, Japan). After removal of residual mesenteric fat tissue, the colons were opened longitudinally, washed in Hanks' balanced salt solution, and cut into small pieces. The dissected mucosa was incubated with Hanks' balanced salt solution containing 1 mM dithiothreitol (Sigma-Aldrich, St. Louis, MO) and 5 mM EDTA (Gibco, Carlsbad, CA) for 30 minutes at 37°C to remove the epithelial layer. The pieces of colons were washed and placed in digestion solution containing DNase (Sigma-Aldrich) for 1 hour at 37°C. Colon supernatants were washed, resuspended in 40% Percoll, and overlaid on 75% Percoll fraction. Percoll gradient separation was performed by centrifugation at 840*g* for 20 minutes at room temperature. Mononuclear cells were collected at the interphase of the Percoll gradient, washed, and resuspended in FACS buffer or RPMI-1640 (Sigma-Aldrich) containing 10% fetal bovine serum and penicillin/streptomycin (Gibco). Lamina propria (LP) CD4$^+$ cells were isolated from colon lamina propria mononuclear cells using the anti-CD4 (L3T4) MACS magnetic separation system (Miltenyi Biotec, Auburn, CA).

In Vitro Induction of Th1 Cells

CD4$^+$ T cells were isolated from spleens of C57BL/6 (Ly5.1) mice, RORγt$^{gfp/+}$ mice, or RORγt$^{gfp/gfp}$ mice using the anti-CD4 (L3T4) MACS magnetic separation system (Miltenyi Biotec). Enriched CD4$^+$ T cells were stained with CD4 and CD45RB monoclonal antibodies and then were sorted to yield a CD4$^+$CD45RB^{high} T-cell fraction by FACSAria (Becton, Dickinson, NJ). Naive splenic CD4$^+$CD45RB^{high} T cells were cultured in 96-well plates containing 5 ng/mL of plate-bound anti-CD3 (BD Pharmingen, San Diego, CA), 1 ng/mL of soluble anti-CD28 (BD Pharmingen), 10 μg/mL of anti-IL-4 (BD Pharmingen), and 0.5 ng/mL of rmIL-12 (R&D systems, Minneapolis, MN) for 3 days.

In Vitro Induction of Th17 Cells

Naive splenic CD4$^+$CD45RB^{high} T cells were cultured in 96-well plates containing 5 ng/mL of plate-bound anti-CD3 (BD Pharmingen), 1 ng/mL of soluble anti-CD28 (BD Pharmingen), 5 ng/mL of rhTGF-β1 (R&D systems), 30 ng/mL of rmIL-6 (PeproTech, Rocky Hill, NJ), 10 μg/mL of anti–IFN-γ (BD Pharmingen), and 10 μg/mL of anti-IL-4 (BD Pharmingen) for 3 days.

Adoptive Transfer

Purified CD4$^+$CD45RB^{high} T cells (3×10^5 cells per mouse) or LP CD4$^+$ T cells (3×10^5 cells per mouse) were intraperitoneally injected into RAG-2$^{-/-}$ mice. RAG-2$^{-/-}$ mice transferred with CD4$^+$CD45RB^{high} T cells or LP CD4$^+$ T cells developed chronic colitis 6 to 8 weeks after cell transfer.[7,35,36] Mice were killed at the indicated time point after transfer.

Histological Scoring of Colitis

Tissue samples were fixed in phosphate-buffered saline containing 10% neutral-buffered formalin. Paraffin-embedded sections (5 μm thick) were stained with hematoxylin and eosin. The most affected area of pathological specimens was assessed for histological score as the sum of 3 criteria: cell infiltration, crypt elongation, and the number of crypt abscesses. Each was scored on a scale of 0 to 3 in a blind fashion.[27,37]

Flow Cytometry and Antibodies

For intracellular cytokine staining, cells were incubated for 5 or 12 hours with 50 ng/mL of phorbol-12-myristate-13-acetate (Sigma, St. Louis, MO), 1000 ng/mL of ionomycin (Sigma), and 1 μL/mL of GolgiPlug (eBioscience, San Diego, CA) in an incubator at 37°C. Surface staining was performed with the corresponding cocktail of FITC-, PE-, PerCP-Cy5.5-, APC-, PE-Cy7-, APC-Cy7- or Alexa Fluor 647-conjugated monoclonal antibodies for 20 minutes at 4°C. After staining surface molecules, the cells were resuspended in fixation/permeabilization solution (BD Pharmingen), and intracellular staining was performed. Standard six-color flow cytometry analyses were performed using the FACSCanto II (Becton Dickinson) and analyzed by FlowJo software (Tree Star,

Inc., Ashland, OR). The following monoclonal antibodies were obtained for purification of cells population and flow cytometry analysis: CD3 (145-2C11) (BD Pharmingen), CD4 (RM4-5) (BD Pharmingen), CD45RB (C363.16A) (eBioscience), CD45.1 (Ly5.1; A20) (BD Pharmingen), CD45.2 (Ly5.2; 104) (BD Pharmingen), IFN-γ (XMG1.2) (BD Pharmingen), and IL-17A (eBio17B7) (eBioscience).

Statistical Analysis

Results are expressed as the mean ± standard error of mean. Groups of data were compared using the Student's *t* test. A *P*-value of ≤0.05 was considered statistically significant.

RESULTS

RORγt-deficient Naive T Cells Differentiate into Th1 Cells

We first investigated whether in vitro differentiated cTh1 cells, differentiated directly from RORγt-deficient ($ROR\gamma t^{gfp/gfp}$) naive T cells, could induce colitis. Splenic $CD4^+CD45RB^{high}$ T cells obtained from control mice ($ROR\gamma t^{gfp/+}$) or $ROR\gamma t^{gfp/gfp}$ mice, were cultured in vitro for 3 days under Th1 or Th17 polarizing conditions. We confirmed that $CD4^+CD45RB^{high}$ T cells obtained from $ROR\gamma t^{gfp/+}$ displayed a normal induction of Th17 cells, although $CD4^+CD45RB^{high}$ T cells obtained from $ROR\gamma t^{gfp/gfp}$ showed a marked reduction in Th17 cell numbers after in vitro polarization as reported previously.[9] In Th1 polarizing conditions, the same number of Th1 cells was acquired from each mouse strain (Fig. 1). These data demonstrate that RORγt-deficient naive T cells retain the ability to differentiate into Th1 cells under in vitro Th1 polarizing conditions. The in vitro differentiated RORγt-deficient Th1 cells represent cTh1 cells because of the lack of Th17/Th1 cell generation.

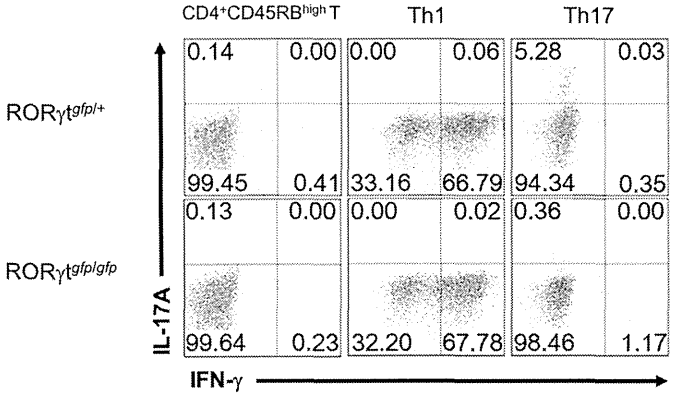

FIGURE 1. RORγt-deficient naive T cells differentiate into Th1 cells. Expression of IL-17A and IFN-γ in splenic $CD4^+CD45RB^{high}$ T cells obtained from $ROR\gamma t^{gfp/gfp}$ or $ROR\gamma t^{gfp/+}$ mice cultured for 3 days under Th1 or Th17 polarizing conditional medium.

RORγt-independent cTh1 Cells are colitogenic Upon In Vitro Manipulation

We next transferred splenic naive $ROR\gamma t^{gfp/+}$ $CD4^+$ T cells, (Group [Gr]. 1^A), splenic naive $ROR\gamma t^{gfp/gfp}$ $CD4^+$ T cells (Gr. 2^A), in vitro-manipulated $ROR\gamma t^{gfp/+}$ Th1 cells (Gr. 3^A), and in vitro-manipulated $ROR\gamma t^{gfp/gfp}$ Th1 cells (Gr. 4^A) into $RAG\text{-}2^{-/-}$ mice (Fig. 2A).

As expected, Gr. 1^A and Gr. 3^A mice developed colitis, as assessed by weight loss (Fig. 2B), stool scores (Fig. 2C), gross colon appearance (Fig. 2D), microscopic mucosal appearance, histological scores (Fig. 2E, F), and the absolute number of LP $CD4^+$ cells (Fig. 2G). Gr. 2^A mice developed a wasting disease but did not develop colitis. Unexpectedly, Gr. 4^A mice developed severe colitis. Additionally, the percentage of LP Th1 cells in Gr. 4^A mice was similar to that in Gr. 1^A and Gr. 3^A mice but it was significantly higher than that in Gr. 2^A mice (Fig. 2H, I). Although naive RORγt-deficient $CD4^+$ T cells had an impaired ability to differentiate into Th1 cells in vivo and failed to induce colitis, because of the lack of aTh1 cell generation as previously shown,[13,32] in vitro-differentiated RORγt-deficient Th1 cells (cTh1) expanded and induced colitis. This suggested that cTh1 cells become colitogenic following differentiation.

Differentiation of RORγt-independent cTh1 Cells is Accelerated in the Presence of RORγt-expressing T Cells In Vivo

We hypothesized that impaired Th1 cell differentiation of splenic naive RORγt-deficient $CD4^+$ T-cell transferred mice (Gr. 2^A) was because of a lack of co-existence with $ROR\gamma t^+CD4^+$ T cells. To examine this, we used splenic $CD4^+CD45RB^{high}$ T cells obtained from wild-type mice (Ly5.1) and $CD4^+CD45RB^{high}$ T cells obtained from $ROR\gamma t^{gfp/gfp}$ mice (Ly5.2). Ly5.2 cells (Gr. 1^B), Ly5.1 cells (Gr. 3^B), or both Ly5.1 and Ly5.2 (Gr. 2^B) cells were transferred to $RAG\text{-}2^{-/-}$ mice (Fig. 3A).

Gr. 3^B mice and Gr. 2^B mice developed colitis, whereas Gr. 1^B mice developed wasting disease but did not develop colitis, as assessed by weight loss (Fig. 3B), stool scores (Fig. 3C), gross colon appearance (Fig. 3D), macroscopic mucosal appearance and histological scores (Fig. 3E, F), and the absolute number of LP $CD4^+$ cells (Fig. 3G). The percentage of Th1 cells was significantly higher in Gr. 3^B mice than in Gr. 1^B mice. Surprisingly, the percentage of $Ly5.2^+$ Th1 cells in Gr. 2^B mice increased significantly compared with the percentage of Th1 cells derived from the $Ly5.2^+$ T-cell population in Gr. 1^B mice (Fig. 3H, I). These results suggested that RORγt-independent cTh1 cells obtained colitogenicity when present with RORγt-expressing T cells in vivo and that RORγt-expressing T cells might strengthen the cTh1 differentiation pathway, allowing RORγt-independent cTh1 cells to participate in the development of colitis.

RORγt-independent cTh1 Cells are Colitogenic upon In Vivo Manipulation

We further investigated whether RORγt-independent cTh1 cells could induce colitis upon in vivo manipulation.

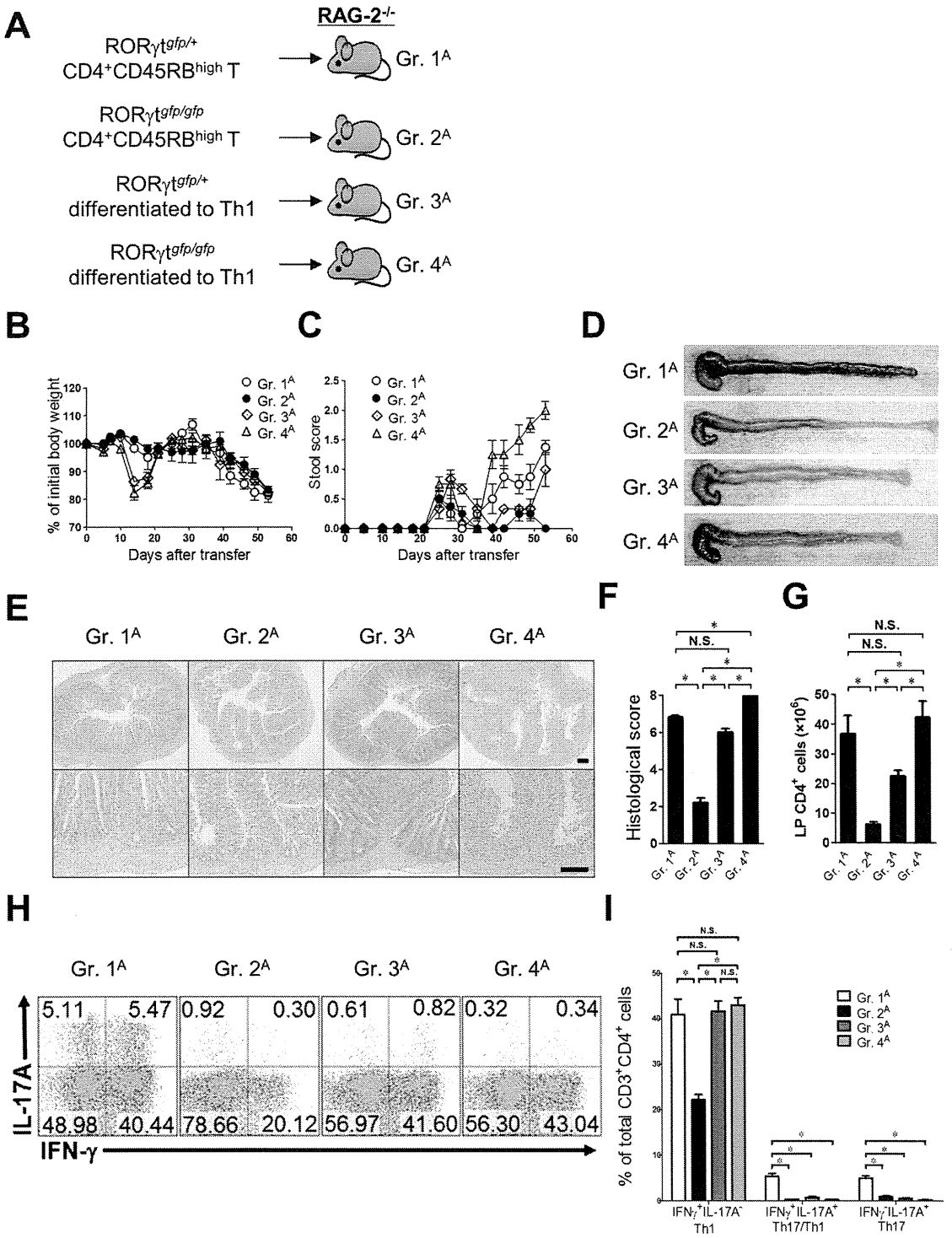

FIGURE 2. RORγt-deficient Th1 cells are colitogenic upon in vitro manipulation. A, Transfer protocol. The following cells types were transferred into RAG-2$^{-/-}$ mice: splenic CD4$^+$CD45RB^{high} T cells obtained from RORγt$^{gfp/+}$ (Gr. 1^A, n = 5), RORγt$^{gfp/gfp}$ (Gr. 2^A, n = 5), or in vitro-manipulated Th1 cells under Th1 polarizing conditions from RORγt$^{gfp/+}$ (Gr. 3^A, n = 5) or RORγt$^{gfp/gfp}$ (Gr. 4^A, n = 5) mice. Mice were killed 6 to 8 weeks after transfer. B, Change in body weight. C, Stool score. D, Representative gross appearance of colon. E, Histopathology of distal colon at 6 to 8 weeks after transfer (original magnification ×40 and ×100). The scale bar represents 200 μm. F, Histological score. G, Absolute cell number of recovered LP CD4$^+$ T cells at 6 to 8 weeks after transfer. H, Expression of IL-17A and IFN-γ in LP CD4$^+$ T cells. Data are representative of 5 mice in each group. I, Mean percentage of Th17, Th17/Th1, and Th1 cells in LP CD4$^+$ T cells. Data (F, G, I) show mean ± standard error of mean (n = 5 per group). *$P <$ 0.05. NS, not significant.

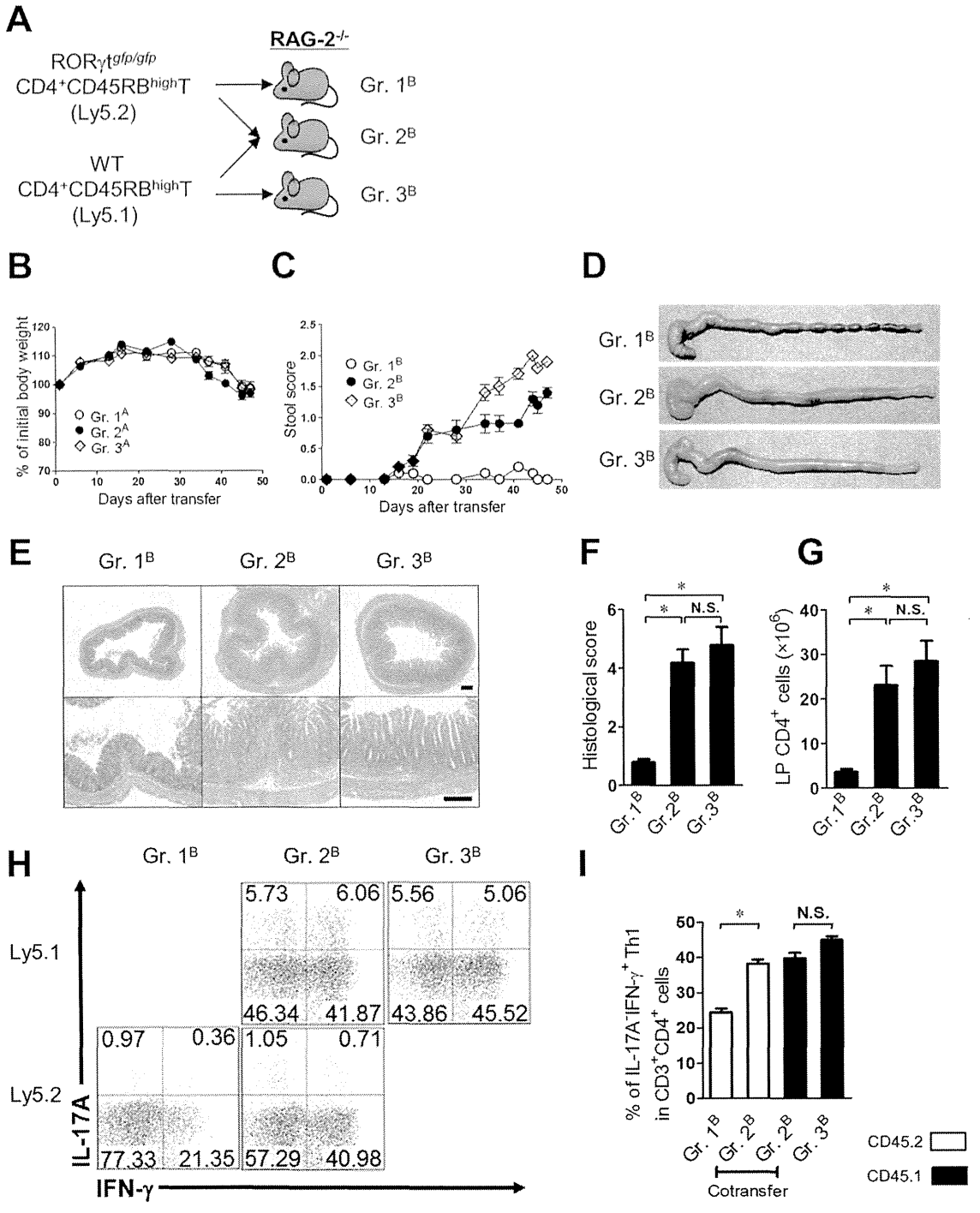

FIGURE 3. Differentiation of RORγt-independent cTh1 cells is accelerated in the presence of RORγt-expressing T cells in vivo. A, Transfer protocol. The following cell types were transferred to RAG-2$^{-/-}$ mice: splenic CD4$^+$CD45RB^{high} T cells obtained from RORγt$^{gfp/gfp}$ (Ly5.2) (Gr. 1^B, n = 5), C57BL/6 (Ly5.1) (Gr. 3^B, n = 5), or both groups (Gr. 2^B, n = 5). B, Change in body weight. C, Stool score. D, Representative gross appearance of the colon. E, Histopathology of distal colon at 6 to 8 weeks after transfer (original magnification ×40 and ×100). The scale bar represents 200 μm. F, Histological score. G, Absolute cell number of recovered LP CD4$^+$ T cells at 6 to 8 weeks after transfer. H, Expression of IL-17A and IFN-γ in LP CD4$^+$ T cells. Data are representative of 5 mice in each group. I, Mean percentage of Th1 cells in LP CD4$^+$ T cells. Data (F, G, I) show mean ± standard error of mean (n = 5 per group). *$P < 0.05$. NS, not significant.

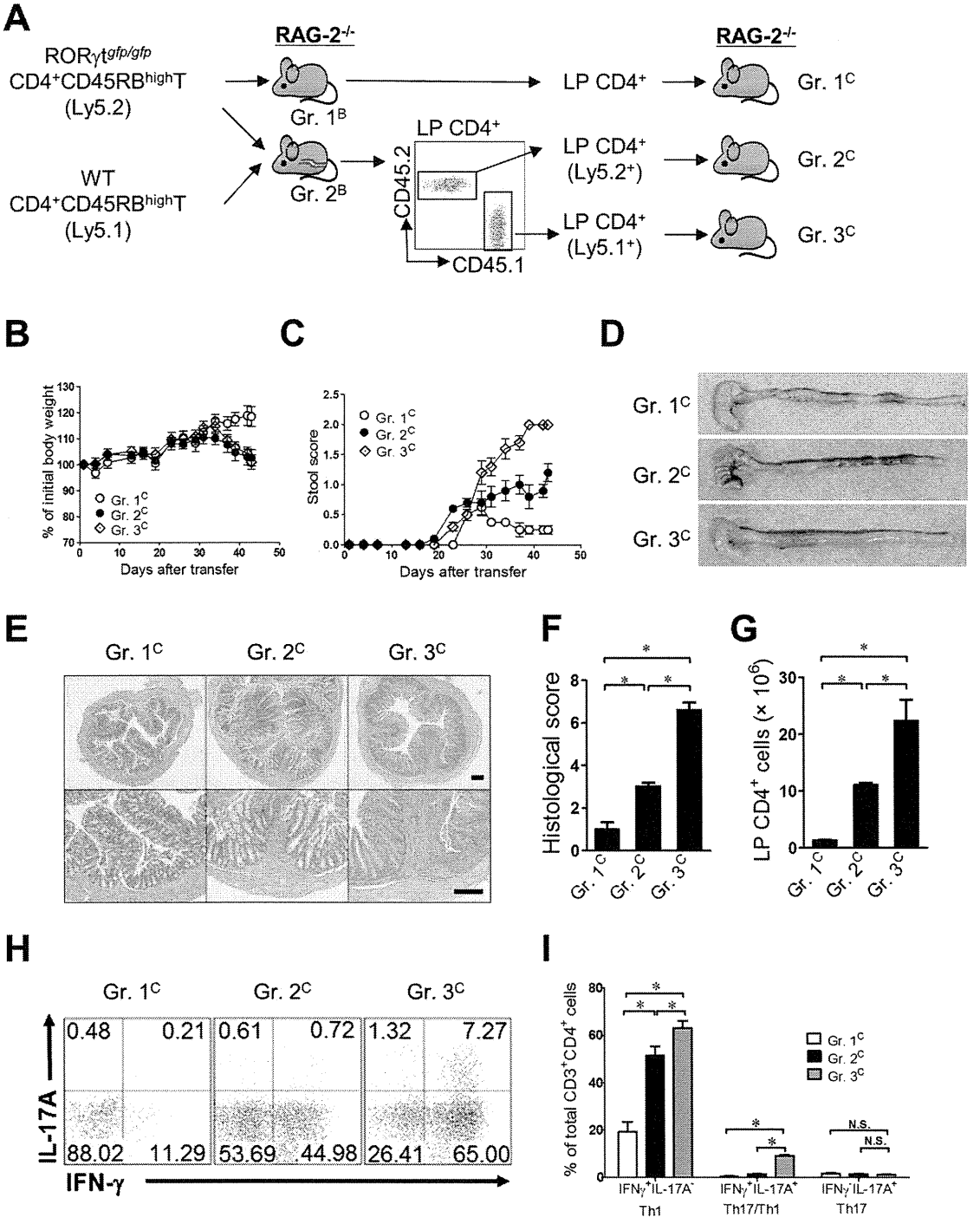

FIGURE 4. RORγt-deficient cTh1 cells are colitogenic upon in vivo manipulation. A, Transfer protocol. The following cells types were transferred to RAG-2$^{-/-}$ mice: Ly5.2$^+$ or Ly5.1$^+$ LP CD4$^+$ cells obtained from colitic Gr. 2^B mice (Gr. 2^C, n = 5) (Gr. 3^C, n = 5) or LP CD4$^+$ cells obtained from noncolitic Gr. 1^B mice (Gr. 1^C, n = 5). B, Change in body weight. C, Stool score. D, Representative gross appearance of colon. E, Histopathology of distal colon at 6 to 8 weeks after transfer (original magnification ×40 and ×100). The scale bar represents 200 μm. F, Histological score. G, Absolute cell number of recovered LP CD4$^+$ T cells at 6 to 8 weeks after transfer. H, Expression of IL-17A and IFN-γ in LP CD4$^+$ T cells. Data are representative of 5 mice in each group. I, Mean percentages of Th17, Th17/Th1, and Th1 cells in LP CD4$^+$ T cells. Data (F, G, I) show mean ± standard error of mean (n = 5 per group). *$P < 0.05$. NS, not significant.

LP Ly5.1$^+$ CD4$^+$ cells or LP Ly5.2$^+$ CD4$^+$ cells obtained from colitic Gr. 2^B mice were transferred to naive RAG-2$^{-/-}$ mice (Gr. 2^C and Gr. 3^C). LP Ly5.2$^+$ CD4$^+$ cells obtained from Gr. 1^B mice were transferred to new RAG-2$^{-/-}$ mice (Gr. 1^C) as a control.

We confirmed that Ly5.1$^+$ cells and Ly5.2$^+$ cells were present at the same proportion in LP CD4$^+$ cells obtained from colitic Gr. 2^B mice (Fig. 4A). We also confirmed that the degree of colitis did not depend on the number of transferred CD4$^+$CD45RB^{high} T cells (data not shown).

Gr. 3^C mice developed colitis as assessed by weight loss (Fig. 4B), stool score (Fig. 4C), colon appearance (Fig. 4D), microscopic mucosal appearance and histological scores (Fig. 4E, F), and the absolute number of LP CD4$^+$ cells (Fig. 4G). As expected, Gr. 1^C mice did not develop colitis but unexpectedly did not develop a wasting disease either. Interestingly, Gr. 2^C mice developed colitis with a significantly increased percentage of Th1 cells when compared with the percentage of Th1 cells in Gr. 1^C (Fig. 4H, I). These results suggest that RORγt-independent cTh1 cells obtain colitogenicity in the presence of RORγt-expressing T cells in vivo. Thus, RORγt-expressing T cells strengthen the cTh1 differentiation pathway, resulting in the cTh1 cells becoming colitogenic.

DISCUSSION

We recently classified Th1 cells into 2 subsets, aTh1 cells and cTh1 cells, based on their dependence of RORγt expression. However, the role of each cell type has not been extensively studied. In the current study, we demonstrated that RORγt-independent cTh1 cells, generated directly from naive T cells without RORγt expression, also obtain colitogenicity in the presence of RORγt-expressing T cells in the pathogenesis of colitis using an adoptive transfer model of colitis and Ly5.1/5.2 congenic system. These studies also suggested RORγt-expressing T cells have a role as both progenitor cells for aTh1 cells, but also as T cells that strengthen the cTh1 differentiation pathway, resulting in the development of experimental T-cell–dependent colitis.

To investigate a role for cTh1 cells, we first transferred in vitro manipulated RORγt-deficient Th1 cells to RAG-2$^{-/-}$ mice. A previous study reported that RORγt-deficient T cells failed to induce colitis.[13] Unexpectedly, our results clearly demonstrated that in vitro-differentiated Th1 cells derived from RORγt$^{gfp/gfp}$ mice strongly induced colitis in an adoptive transfer model. This result indicated that RORγt-independent cTh1 cells, at least those differentiated in vitro, are colitogenic and that they might also be colitogenic in vivo.

Thus, we next examined whether cTh1 cells were colitogenic in vivo. Based on a recent report by Huh et al[38] reporting antagonizing RORγt activity suppressed colitis in experimental colitis, we assumed that cTh1 cells were colitogenic and contribute to development of colitis in co-existence with RORγt-expressing T cells in vivo. We co-transferred naive T cells obtained from wild-type mice and RORγt$^{gfp/gfp}$ mice into RAG-2$^{-/-}$ mice.

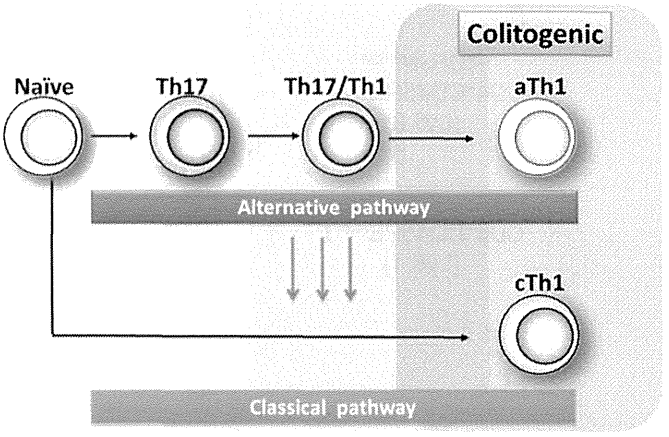

FIGURE 5. Model of the development of colitogenic cTh1 cells from naive T cells in the presence of RORγt-expressing T cells. Th17 cells differentiate into Th17/Th1 cells and then become colitogenic aTh1 cells. Stimulation will switch differentiation toward colitogenic Th1 cells. Similar to Th17 cells, Th1 cells are colitogenic in the presence of RORγt-expressing T cells.

Using a surface staining method that precisely discriminates RORγt-expressing T cells from RORγt-deficient T cells by using the Ly5.1/5.2 congenic system identified an unexpected mechanism. The co-transfer of RORγt-expressing T cells resulted in an increased ratio of cTh1 cells that were polarized from RORγt-deficient T cells. These results indicated that differentiation of RORγt-independent cTh1 cells was accelerated in the presence of RORγt-expressing T cells during the development of colitis.

However, it was still unclear how cTh1 cells acquired colitogenicity in vivo. To investigate this, we transferred RORγt-independent cTh1 cells to naive RAG-2$^{-/-}$ mice a second time, by in vivo manipulation, and these mice developed colitis. These results clearly indicated that cTh1 cells develop colitogenicity in vivo and are consistent with previous reports that CD4$^+$CD45RB^{high} T cells obtained from T-bet$^{-/-}$ mice[11] or from RORγt$^{-/-}$ mice do not induce colitis.[12,13] Our current immunologic scenario is depicted in Figure 5.

Although, we showed that cTh1 also obtained colitogenicity in the presence of RORγt-expressing T cells in vivo, the mechanism of how RORγt-expressing T cells affect cTh1 cells in developing colitis has not been extensively studied. Our previous study showed that the differentiation status of macrophage/dendritic cells determined the level of IL-12/IL-23 production.[39] Thus, one possibility is that RORγt-expressing T cells may induce macrophage/dendritic cells to produce proinflammatory cytokines such as IL-12 or IL-23. These proinflammatory macrophage/dendritic cells may contribute to the cTh1 differentiation pathway. Another possibility is that direct cell-to-cell contact between RORγt-expressing T cells and RORγt-deficient T cells may exist. Further studies will be warranted to address these possibilities.

In conclusion, our data show for the first time that cTh1 cells developed colitogenicity in the presence of RORγt-

expressing T cells. These findings provide new insights into the role of colitogenic CD4+ T cells during the development of intestinal inflammation.

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Cross-talk Between RORγt$^+$ Innate Lymphoid Cells and Intestinal Macrophages Induces Mucosal IL-22 Production in Crohn's Disease

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Background: Interleukin (IL)-22–producing RORγt$^+$ innate lymphoid cells (ILCs) play a pivotal role in intestinal immunity. Recent reports demonstrated that ILCs contribute to mucosal protection and intestinal inflammation in mice. In humans, numbers of RORγt$^+$ ILCs are significantly increased in the intestine of patients with Crohn's disease (CD), suggesting that ILCs may be associated with intestinal inflammation in CD. However, the mechanism by which ILCs are regulated in the intestine of patients with CD is poorly understood. This study aimed to determine the activation mechanism of intestinal ILCs in patients with CD.

Methods: CD45$^+$ lineage marker$^-$ ILCs were isolated from intestinal lamina propria of patients with CD. ILCs were then subdivided into 4 distinct populations based on the expression of CD56 and CD127. Purified ILC subsets were cocultured with intestinal CD14$^+$ macrophages, and IL-22 production was evaluated.

Results: CD127$^+$CD56$^-$ and CD127$^+$CD56$^+$ ILC, but not CD127$^-$CD56$^+$ or CD127$^-$CD56$^-$ ILC, subsets expressed RORγt and produced IL-22. IL-22 production by these ILC subsets was enhanced when ILCs were cocultured with intestinal macrophages. IL-23 or cell-to-cell contact was required for macrophage-mediated activation of ILCs. IL-22 production by ILCs was perturbed in inflamed mucosa compared with noninflamed mucosa. IL-22 induced the expression of Reg1α and Claudin-1 in human intestinal epithelial organoids.

Conclusions: RORγt$^+$ ILCs might enhance mucosal barrier function through the upregulation of Reg1α through production of IL-22. Although CD14$^+$ macrophages augment intestinal inflammation in patients with CD, macrophages also promote a negative feedback pathway through the activation of IL-22 production by RORγt$^+$ ILCs.

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Key Words: RORγt$^+$ ILC, IL-22, macrophages, Crohn's disease

Crohn's disease (CD) is one of the major forms of human inflammatory bowel disease (IBD), and sustains inflammation throughout the entire gastrointestinal tract. It is well known that genetic background, food, intestinal flora, and immunological factors can affect the course of its pathological condition.[1] Although several studies have revealed various different immunological pathways involved in the pathogenesis of IBD, the precise mechanism(s) remain poorly understood.

Innate lymphoid cells (ILCs) are newly identified subsets of immune cells. ILCs comprise several functionally distinct subsets.

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