

HLA-mediated protection in Goodpasture disease

HLA allelic polymorphisms result in structurally important differences in presentation of the critical T-cell epitope of the diseasecausing autoantigen

the molecular mechanisms of HLAmediated susceptibility and protection in Goodpasture disease (GPD). This rare renal disorder is characterized by autoimmune responses to the non-collagenous domain of the α 3 chain of type IV collagen (α 3(IV) NC1). Expression of HLA-DR15 is associated with an increased risk of GPD, but this risk is reduced to baseline in the presence of the protective HLA allele HLA-DR1.

A new study provides insights into

"The basis of the loss of immunological tolerance in most autoimmune diseases lies in the inheritance of HLA alleles that modulate the risk of autoimmunity," explains researcher Richard Kitching. "In this study we used GPD to address two long-standing questions what is the basis of HLA-mediated protection in autoimmune disease



and how does a protective allele mitigate the excess risk conferred by a susceptibility allele?"

The researchers focused their investigations on the immunodominant T-cell epitope of $\alpha 3(IV)NC1$, $\alpha 3_{135-145}$. Using HLA-DR15- $\alpha 3_{135-145}$ tetramers, they showed that $\alpha 3_{135-145}$ -specific CD4+ T cells were 100-fold more frequent in the peripheral blood of HLA-DR15⁺ patients with GPD than in HLA-DR15⁺ healthy controls. In seven of the eight patients, these epitope-specific cells were mainly conventional FOXP3- T cells. Consistent with a protective role of HLA-DR1 in GPD, immunization with $\alpha 3_{135-145}$ led to renal infiltration of $\alpha 3_{135-145}$ -specific CD4+ T cells and the development of GPD in HLA-DR15⁺ transgenic mice, but did not induce proinflammatory autoreactivity to $\alpha 3_{135-145}$ in HLA-DR15⁺DR1⁺ transgenic mice.

To determine the molecular basis of the protective effect of HLA-DR1, the researchers characterized the self-peptide repertoires of HLA-DR1 and HLA-DR15 allomorphs from naive HLA-DR1⁺ and HLA-DR15⁺ mice and identified consensus peptide-binding motifs. They report that these HLA alleles have distinct self-peptide repertoires and $\alpha 3_{135-145}^{-145-}$ binding registers. These differences result in the presentation of distinct peptide-HLA landscapes to T cells, which in turn lead to differences in the responding T-cell repertoires.

Further investigations indicated that $\alpha 3_{135-145}$ -specific CD4⁺ T cells from transgenic mice that express HLA-DR15, HLA-DR1 or both HLA alleles have functional phenotypic differences. In HLA-DR15⁺ mice, the majority of these cells were conventional Foxp3⁻ T cells that secreted proinflammatory cytokines, whereas in HLA-DR1⁺ mice the majority of the epitope-specific CD4⁺ T cells were Foxp3⁺ regulatory T (T_{reg}) cells that secreted tolerogenic cytokines. HLA-DR15⁺DR1⁺ mice expressed both conventional and regulatory a3₁₃₅₋₁₄₅⁻ specific CD4⁺ T cells. Analysis of the phenotypes of a3₁₃₅₋₁₄₅-specific CD4⁺ T cells from healthy people who were either homozygous for HLA-DR1 or HLA-DR15, or were heterozygous for these HLA alleles, gave similar results.

Finally, the researchers showed that $\alpha 3_{135-145}$ -specific CD4⁺ T_{reg} cells generated in the context of HLA-DR1 suppress autoreactive conventional $\alpha 3_{135-145}$ -T cells generated in the context of HLA-DR15, so maintain self-tolerance to $\alpha 3_{135-145}$ and protect against the development of GPD.

"HLA allelic polymorphisms result in structurally important differences in presentation of the critical T-cell epitope of the disease-causing autoantigen," concludes Kitching. "These differences result either in the generation of conventional autoantigen-specific CD4+ T cells (in the context of the risk allele, HLA-DR15) or of dominantly protective antigen-specific T_{reg} cells (when the epitope is presented by the protective HLA allele, HLA-DR1). These findings provide a structural and mechanistic basis for understanding HLA-mediated susceptibility and protection in autoimmune disease." Ellen F. Carney

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