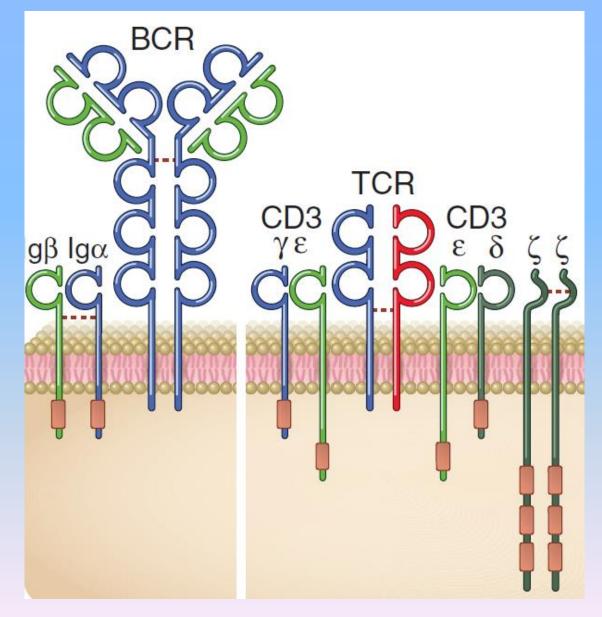
Graduate Program in Immunology BMI5905 - Effector Mechanisms of Immune Response

# Antigen Presentation and Peripheral Tolerance

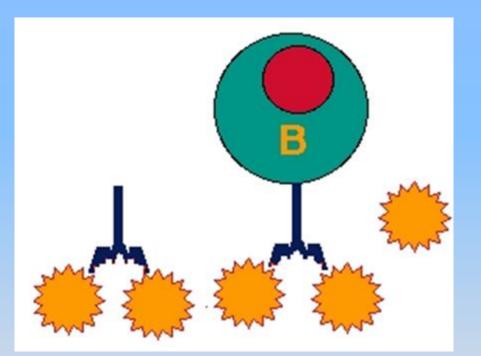
Prof. Anderson Sá-Nunes

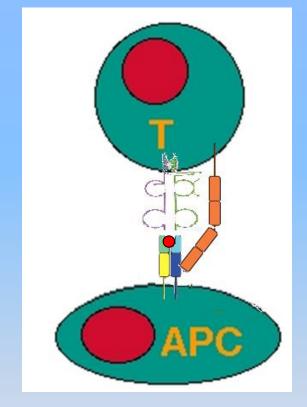
Department of Immunology Institute of Biomedical Sciences University of Sao Paulo

# **Antigen Receptors of Acquired Immunity**



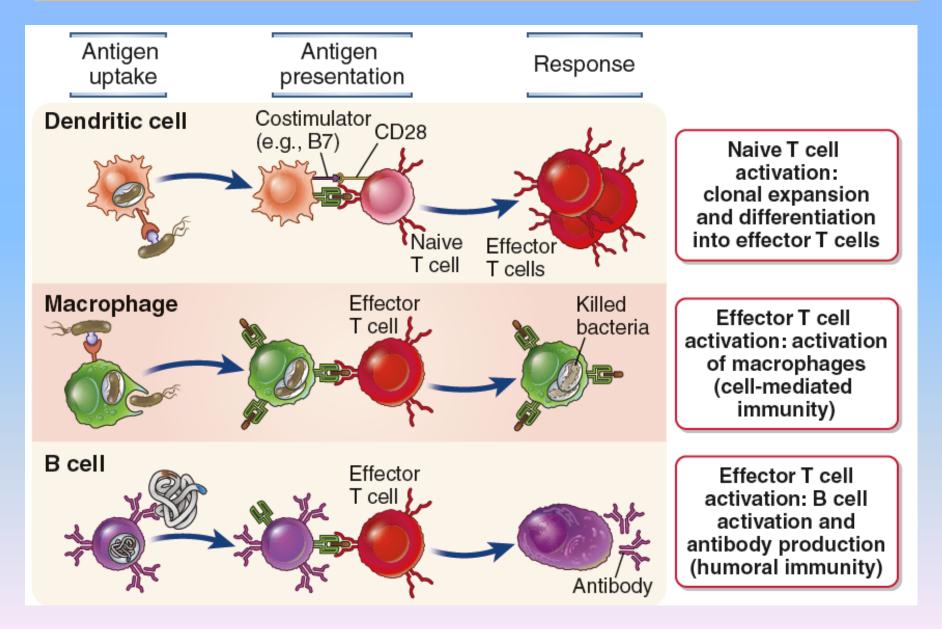
# Antigen Recognition by Lymphocyte Receptors



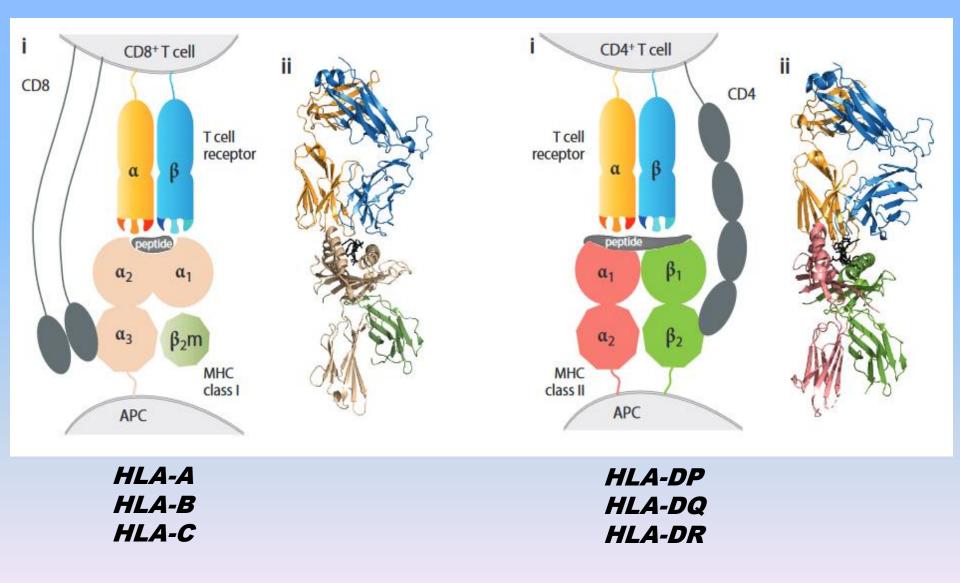


BCRs recognize antigens on both native or denaturated conformation TCRs do not recognize antigens directly. Small parts of protein antigens (peptides) need to be bound to MHC molecules and displayed by antigen presenting cells (APC)

# **Antigen Presenting Cells**

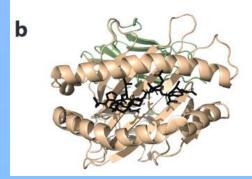


# MHC-peptide/TCR interactions



Djaoud & Parham, Annu. Rev. Biochem., 20;89:717-739, 2020.

# **Peptide binding to MHC molecules and allotypes**

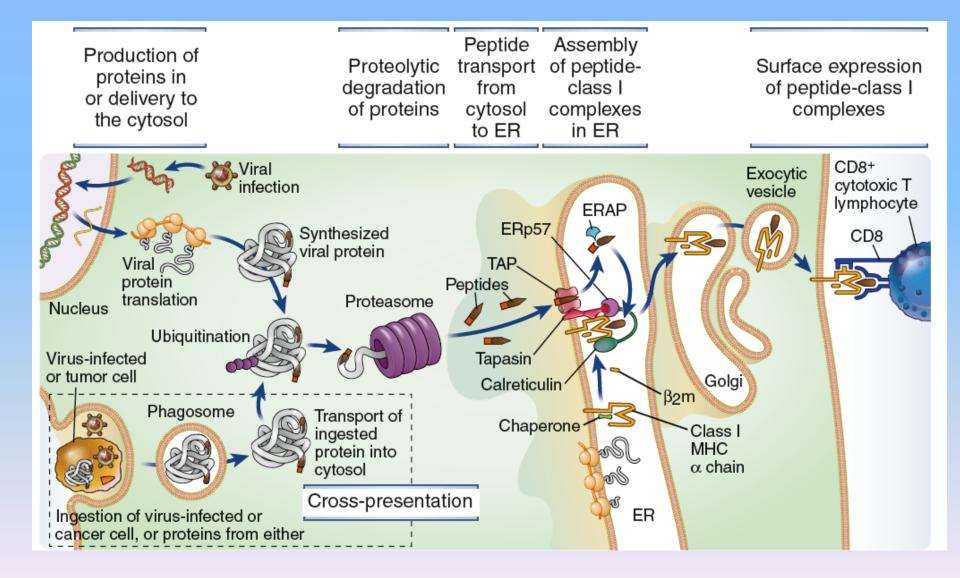




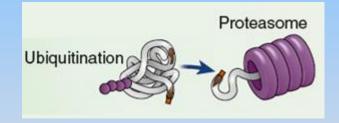
HLA allotype	Number of HLA allotypes		
HLA-A	3,629		
HLA-B	4,572		
HLA-C	3,447		
HLA-E	12		
HLA-F	6		
HLA-G	19		
HLA class I	11,685		
HLA-DP	3,160		
HLA-DQ	1,278		
HLA-DR	1,055		
HLA-DM	11		
HLA-DO	8		
HLA class II	5,512		

### Djaoud & Parham, Annu. Rev. Biochem., 20;89:717-739, 2020.

# **MHC Class I Pathway**



# **Ubiquitin/Proteasome System**





- Identified in 1974, sequenced one year later

- Present in all living organisms
- 76 aminoacids (8.5 kDa)

-Extremely conserved: Human X Yeast = 96% identity

BIOCHEMISTRY, VOL. 14, NO. 10, 2214-2218, 1975

The Complete Amino Acid Sequence of Ubiquitin, an Adenylate Cyclase Stimulating Polypeptide Probably Universal in Living Cells<sup>†</sup>

David H. Schlesinger,\* Gideon Goldstein, and Hugh D. Niall<sup>‡</sup>

MQIFVKTLTGKTITLEVEPSDTIENVKAKIQDKEGIPPDQQRLIFAGKQLEDGRTLSDYNIQKESTLHLVLRLRGG

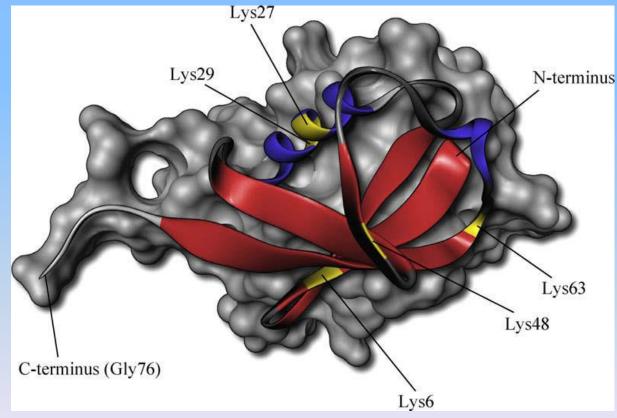
Schlesinger et al., Biochemistry, 14(10): 2214-8, 1975.



- Identified in 1974, sequenced one year later

- Present in all living organisms
- 76 aminoacids (8.5 kDa)

-Extremely conserved: Human X Yeast = 96% identity



MQIFVKTLTGKTITLEVEPSDTIENVKAKIQDKEGIPPDQQRLIFAGKQLEDGRTLSDYNIQKESTLHLVLRLRGG

Jung et al., Molecular Aspects of Medicine, 30: 191-296, 2009.

# Elucidation of basic functions of ubiquitin and protein ubiquitination pathways



#### The Nobel Prize in Chemistry 2004 Aaron Ciechanover, Avram Hershko, Irwin Rose

The Nobel Prize in Chemistry 2004 was awarded jointly to Aaron Ciechanover, Avram Hershko and Irwin Rose "for the discovery of ubiquitin-mediated protein degradation".



Photo: D. Porges

### Aaron Ciechanover

#### Aaron Ciechanover Born: 1 October 1947, Haifa, British

Protectorate of Palestine (now Israel)

Affiliation at the time of the award: Technion – Israel Institute of Technology, Haifa, Israel

Prize motivation: "for the discovery of ubiquitin-mediated protein degradation"

Field: Biochemistry



Photo: D. Porges

#### Avram Hershko

#### Avram Hershko Born: 31 December 1937, Karcag, Hungary Affiliation at the time of the award: Technion – Israel Institute of Technology, Haifa, Israel Prize motivation: "for the discovery of ublimiting modified eaching

of ubiquitin-mediated protein degradation"

Field: Biochemistry



#### Irwin Rose

#### Irwin Rose

Born: 16 July 1926, Brooklyn, NY, USA

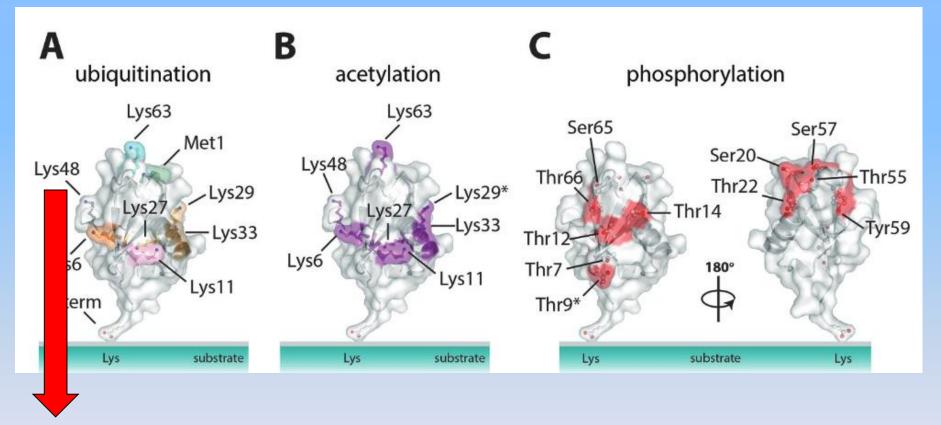
Affiliation at the time of the award: University of California, Irvine, CA, USA

Prize motivation: "for the discovery of ubiquitin-mediated protein degradation"

Field: Biochemistry

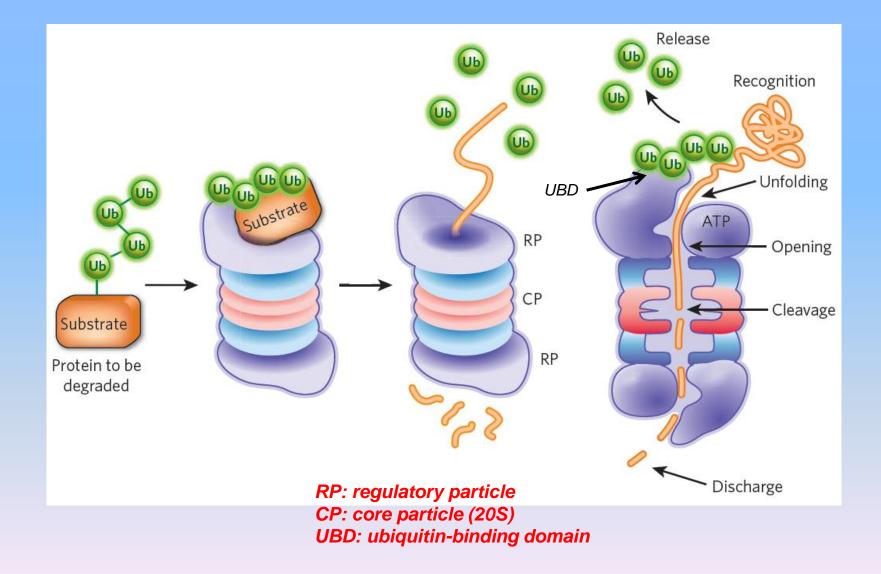
### http://www.nobelprize.org/nobel\_prizes/chemistry/laureates/2004/

# **Ubiquitin Modifications**



~50% of all modifications Target proteins to the proteasome

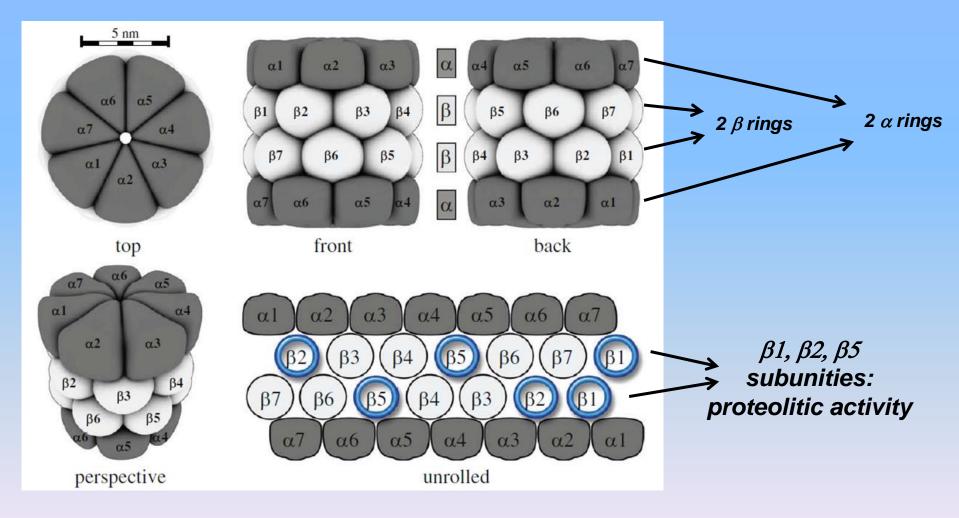
# Lys48 Poliubiquitination: Proteasome Degradation



Adapted from: Hochstrasser, Nature 458(7237):422-9, 2009.

# Proteasome 20S (20S Core)

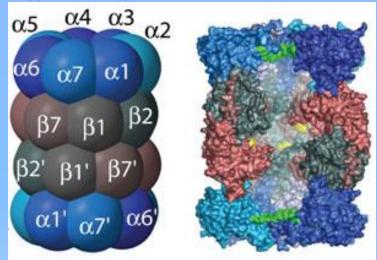
### Present in all eukariotic and some prokariotic organisms



Jung et al., Molecular Aspects of Medicine, 30: 191-296, 2009.

### **Types of Proteasomes**

#### http://picsdigger.com/image/6d0c4b8c/



### Cylindrin

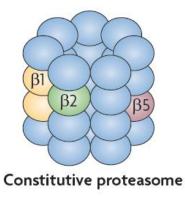
Macroxyproteinase

Multicatalytic proteinase complex

Prosome

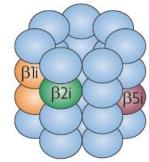
2-35 aa peptides

Peaks of: 2-3 aa 8-10 aa 20-30 aa



β1 (PSMB6, Y, δ) β2 (PSMB7, Z, MC14) β5 (PSMB5, X, MB1, ε)

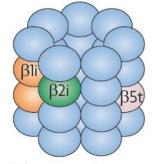
### Optimized for 8-10 aa



Immunoproteasome

β1i (PSMB9, LMP2) β2i (PSMB10, LMP10, MECL1) β5i (PSMB8, LMP7)

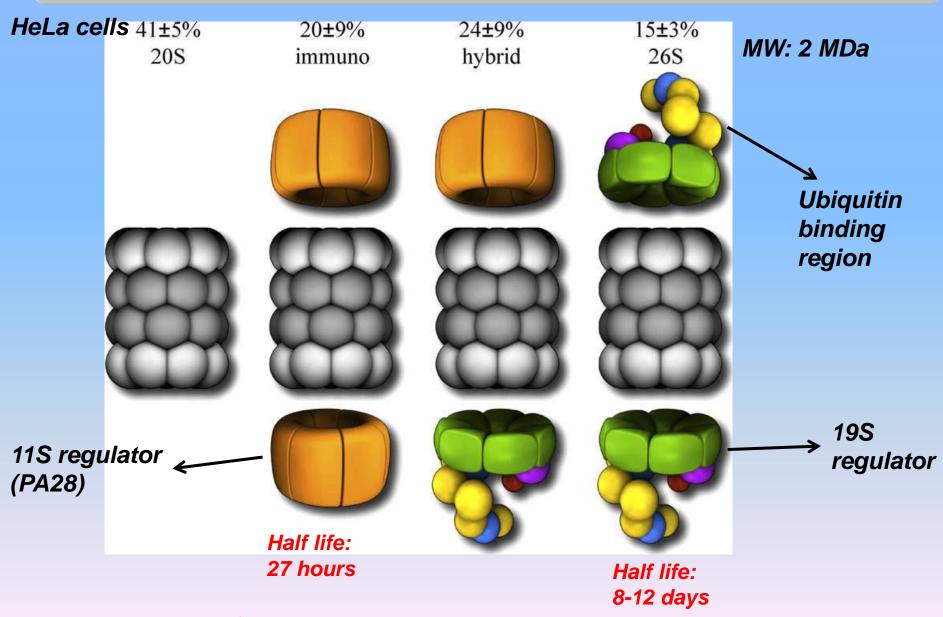
### $\beta$ 5t KO: less CD8+ T cells



Thymoproteasome β1i (PSMB9, LMP2) β2i (PSMB10, LMP10, MECL1) β5t (PSMB11)

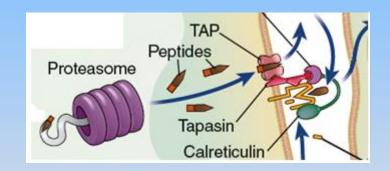
Groettrup et al., Nat. Rev. Immunol., 10(1);73-8, 2010.

### **Proteasome Regulators**

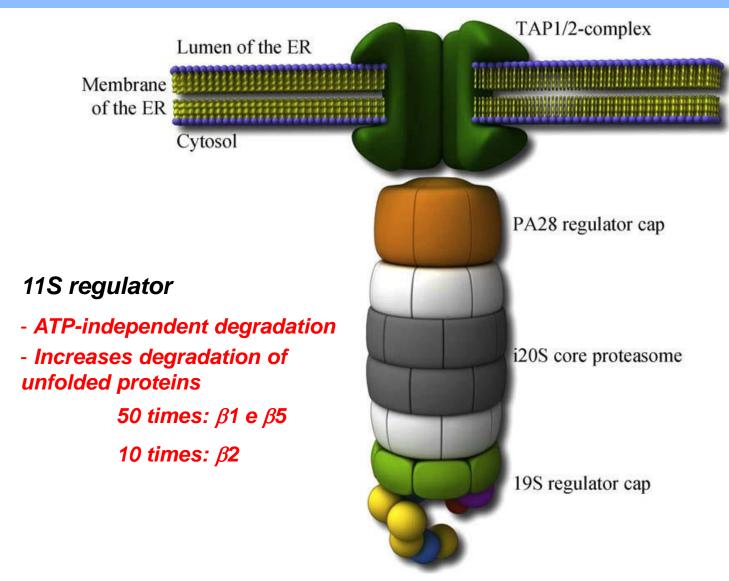


Jung et al., Molecular Aspects of Medicine, 30: 191-296, 2009.

# MHC Class I Pathway

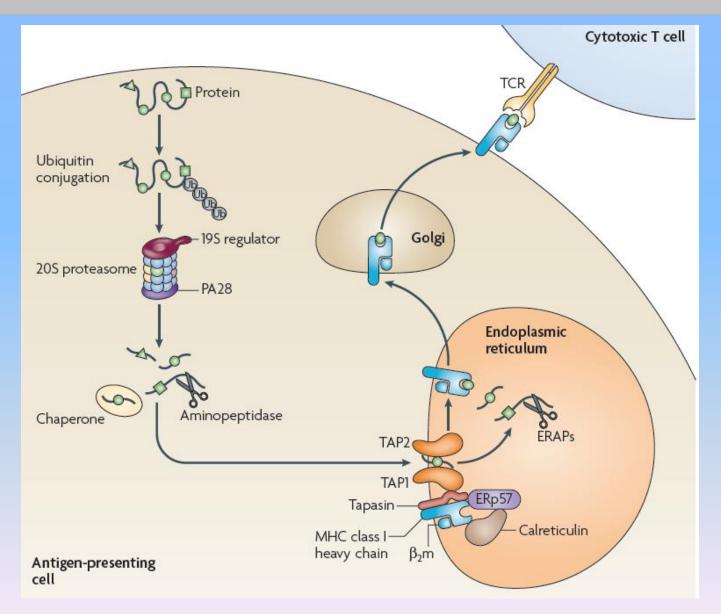


# Molecular Coupling Proteasome-TAP 1/2



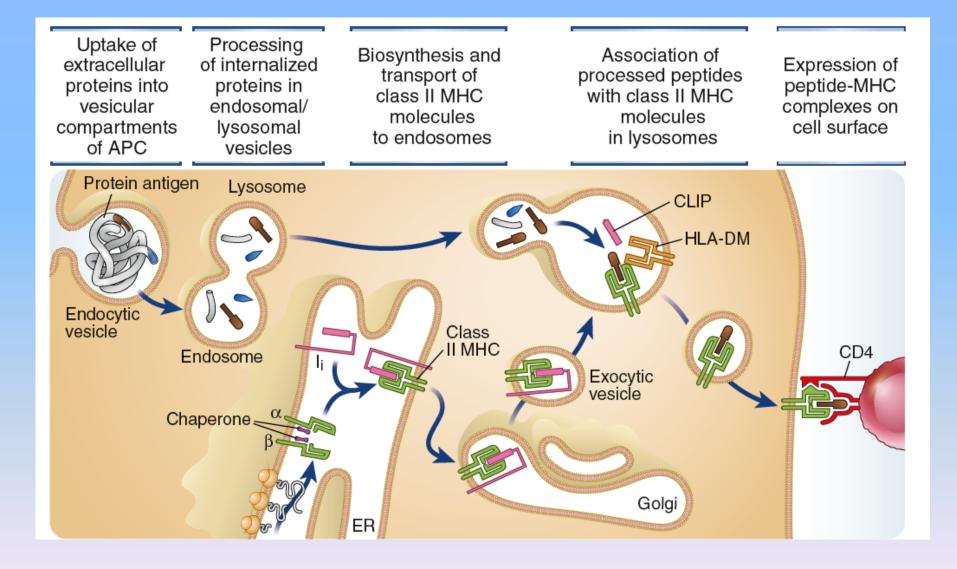
Jung et al., Molecular Aspects of Medicine, 30: 191-296, 2009.

### **Processing of "Endogenous" Peptides**

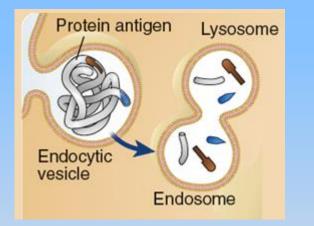


Groettrup et al., Nat. Rev. Immunol., 10(1);73-8, 2010.

# **MHC Class II Pathway**



# MHC Class II Pathway



# **History of Lisosomal Proteases**

### Lysosomotropic Agents (Biochem Pharmacol 23:2495-2531, 1974)

Proc. Natl. Acad. Sci. USA Vol. 79, pp. 175-178, January 1982 Immunology

### Decrease in macrophage antigen catabolism caused by ammonia and chloroquine is associated with inhibition of antigen presentation to T cells

(macrophage-lymphocyte interactions/T-cell immunity/lysosomotropic agents/antibacterial immunity)

H. KIRK ZIEGLER\* AND EMIL R. UNANUE<sup>†</sup>

		10 mM NH <sub>4</sub> Cl		0.1 mM chloroquine	
Assay	Control, %	Observed, %	Δ,%	Observed, %	Δ,%
Antigen uptake*	15 ± 1	$13 \pm 2$	13	$15 \pm 2^{\circ}$	0
Antigen ingestion <sup>†</sup>	$66 \pm 2$	$63 \pm 2$	5	$67 \pm 6$	-2
Antigen catabolism <sup>‡</sup>	$29 \pm 4$	13 ± 3	55	$14 \pm 6$	52
I-A expression <sup>§</sup>	$54 \pm 4$	59 ± 2	-9	$56 \pm 4$	-4
T cell-macrophage binding¶					
Before antigen handling	$70 \pm 7$	$26 \pm 8$	63	$30 \pm 8$	57
After antigen handling	84 ± 8	$70 \pm 11$	17	$64 \pm 10^{\circ}$	24

Peritoneal macrophages <sup>125</sup>I-Listeria monocytogenes Drug exposure (1 h):

- Before handling: starting 30 min before Listeria uptake

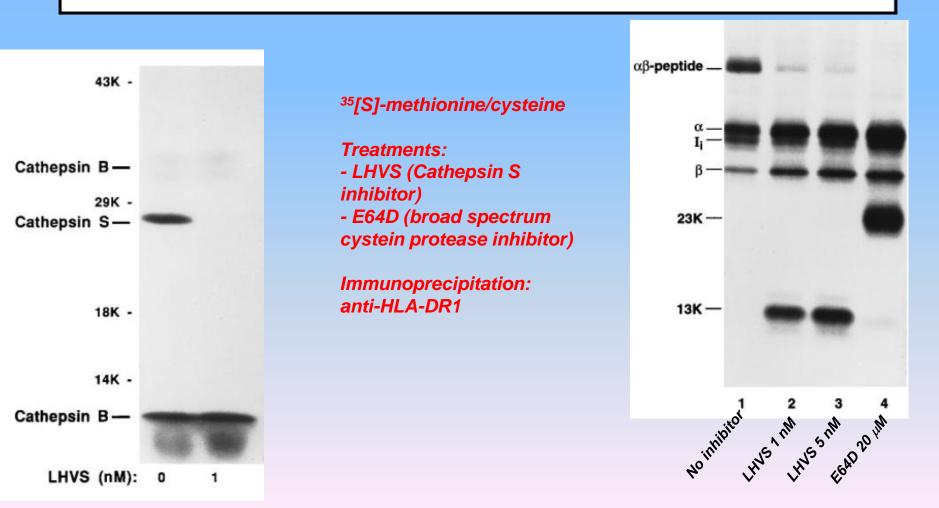
- After handling: 30 min after Listeria uptake

# **Cathepsin S: essential to antigen presentation**

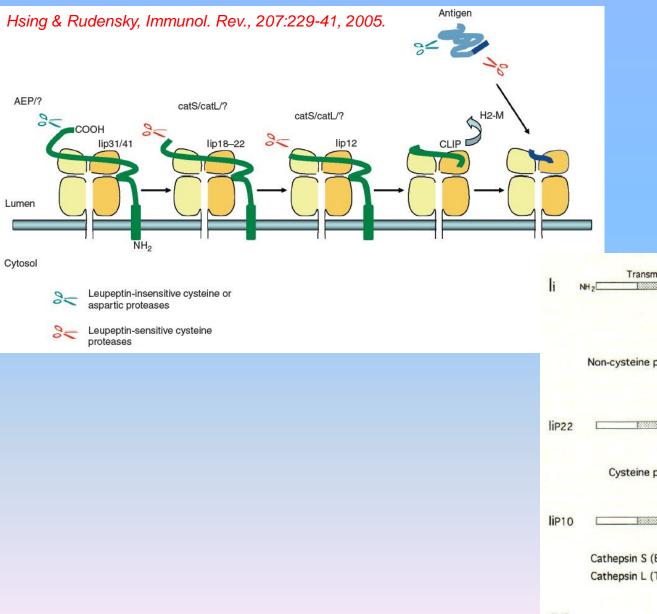
Immunity, 1996, 4: 357-366.

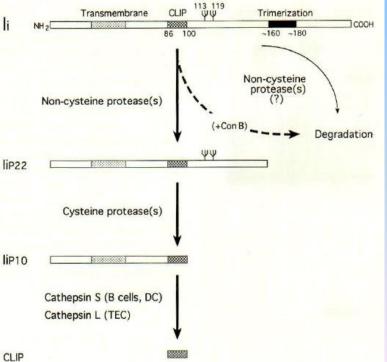
Essential Role for Cathepsin S in MHC Class II–Associated Invariant Chain Processing and Peptide Loading

Richard J. Riese,\* Paula R. Wolf,<sup>†</sup> Dieter Brömme,<sup>‡</sup> Lisa R. Natkin,\* José A. Villadangos,<sup>†</sup> Hidde L. Ploegh,<sup>†</sup> and Harold A. Chapman\*



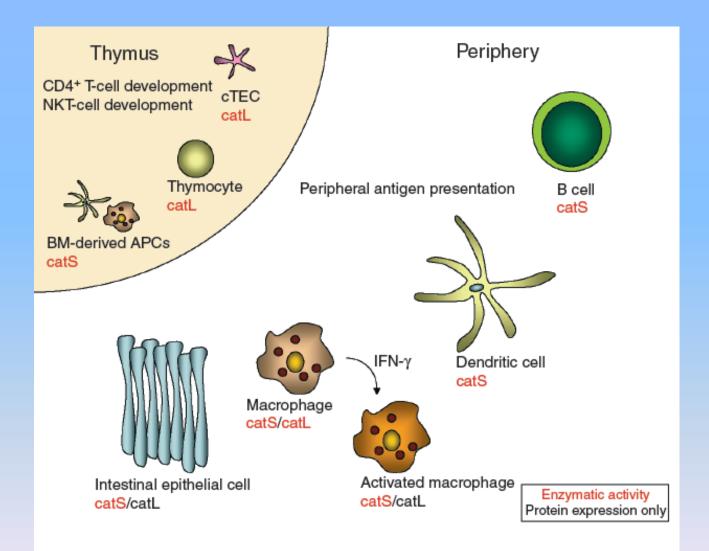
# **Invariant Chain Degradation**





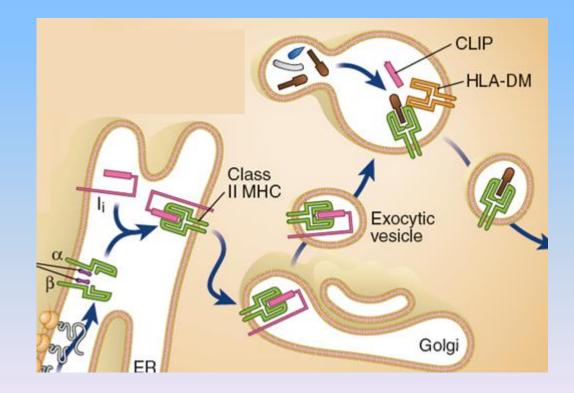
Villadangos et al., Immunological Reviews 172:109-20, 1999.

# **Cathepsin S and L Expression by APCs**

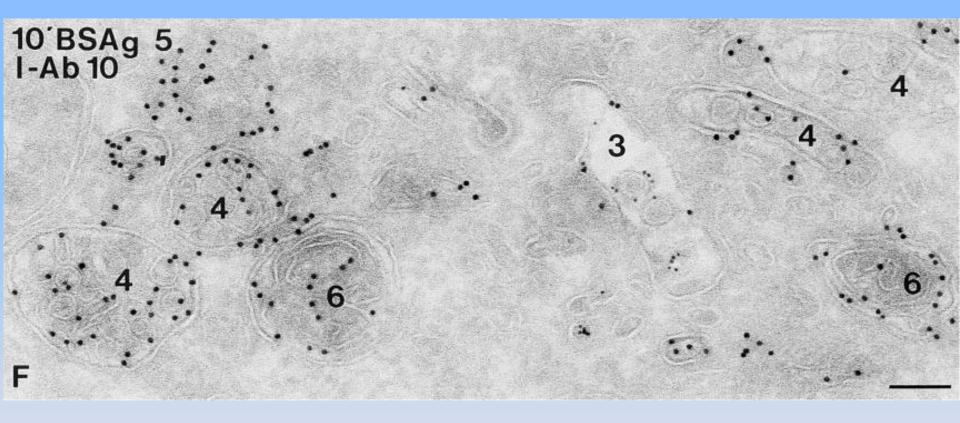


Hsing & Rudensky, Immunol. Rev., 207:229-41, 2005

# MHC Class II Pathway

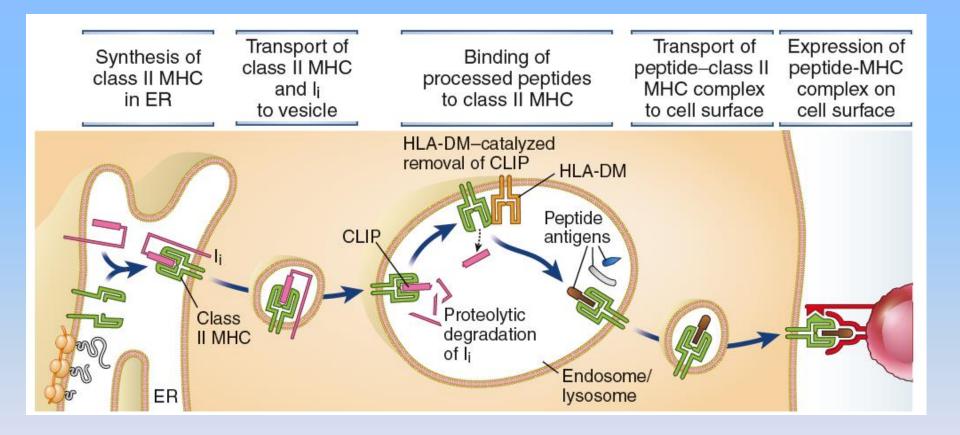


# Class II Compartment (MIIC)



Kleijmeer et al., J. Cell Biol., 139:639-49, 1997

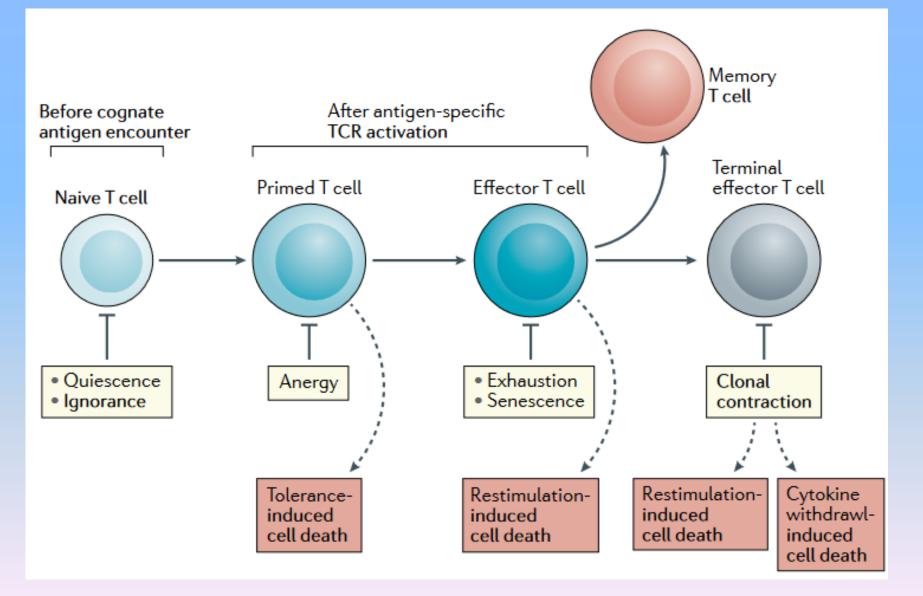
# Final Steps of MHC Class II Pathway



# **Peripheral T cell Tolerance: Facts**

- Thymic deletion of self-reactive T cells is only ~60–70% efficient
- Peripheral naive T cell repertoire contains a significant portion of low-avidity, self-reactive T cells
- Peripheral tolerance checkpoints include:
- 1) Mechanisms that act directly on the responding T lymphocyte (T cell-intrinsic mechanisms)
- 2) Mechanisms that depend on other cell subsets, such as regulatory T cells (Treg cells) and dendritic cells (T cell-extrinsic mechanisms).

# Checkpoints for Peripheral T cell Tolerance



ElTanbouly & Noelle, Nat. Rev. Immunol., 21(4):257-267, 2021.

# Checkpoints for Peripheral T cell Tolerance

- Quiescence: sleeping?
- Ignorance: it is there, but they just do not know.
- Anergy: insufficient signals? The starting motor does not work...
- Exhaustion: tired, they are done...
- Senescence: just getting old!
- Deletion: shot and killed!

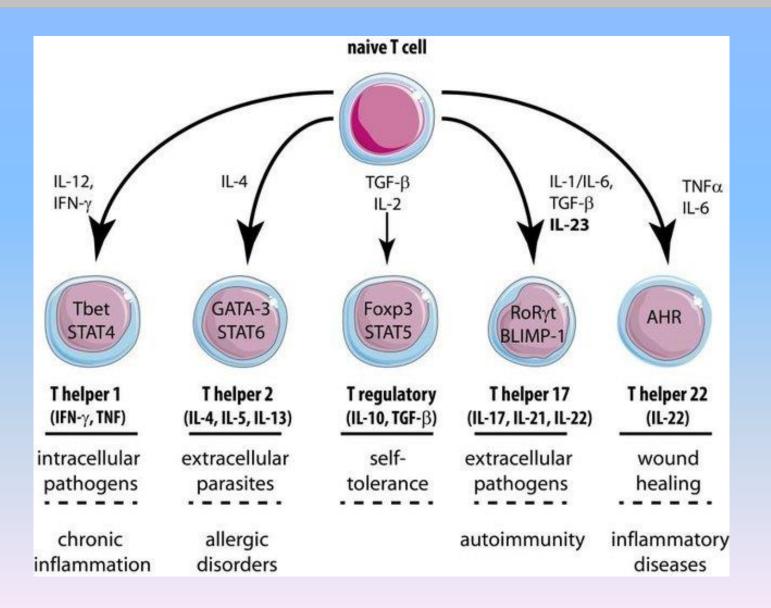
# Checkpoints for Peripheral T cell Tolerance

Table 1   Sumr	Table 1   Summary of the main regulators and markers of each tolerance checkpoint in T cells					
Factor	Quiescence	Ignorance	Anergy	Exhaustion	Senescence	Deletional tolerance
Surface receptors	TGFβR1 (REF. <sup>15</sup> ) VISTA <sup>17</sup>	Unknown	CD73 (REFS <sup>78,79</sup> ) FR4 (REFS <sup>78,79</sup> ) LAG3 (REF. <sup>85</sup> ) NRP1 (REF. <sup>79</sup> )	PD1 (REF. <sup>177</sup> ) TIGIT <sup>178</sup> LAG3 (REF. <sup>179</sup> ) TIM3 (REF. <sup>180</sup> )	NKG2D <sup>155</sup> IFNa/IFNAR <sup>119</sup>	FAS (also known as CD95) <sup>160,161</sup> TNFR1(REFS <sup>164,181</sup> ) TRAILR1 and TRAILR2 (REFS <sup>182,185</sup> )
Signalling molecules	BTG1/BTG2 (REF. <sup>18</sup> ) TSC1/TSC2 (REFS <sup>31,52</sup> )	Unknown	DGKa <sup>62</sup> CBLB <sup>67</sup> GRAIL <sup>184</sup> ITCH <sup>185,186</sup>	SHP1 (REF. <sup>187</sup> ) SHP2 (REFS <sup>187,188</sup> ) PTPN2 (REF. <sup>189</sup> )	TAB1 (REF. <sup>129</sup> ) Sestrin 2 (REF. <sup>155</sup> )	CASP8 (REF. <sup>161</sup> ) BID <sup>190</sup> BIM (also known as BCL-2L11) <sup>145,146</sup>
Transcription factors	KLF2 (REFS <sup>20,22</sup> ) FOXO1 (REFS <sup>26–28</sup> ) RUNX1 (REFS <sup>29,30</sup> ) TOB1 (REFS <sup>14,15</sup> ) FOXP1 (REFS <sup>191,192</sup> )	Unknown	NFAT1 (REF. <sup>64</sup> ) EGR2 (REFS <sup>66–68</sup> ) EGR3 (REF. <sup>67</sup> ) NR4A1 (REF. <sup>72</sup> ) TOB1 (REF. <sup>15</sup> )	IRF4 (REF. <sup>195</sup> ) NR4A1 (REF. <sup>103</sup> ) GATA3 (REF. <sup>194</sup> ) TOX <sup>109–106</sup> BATF <sup>102</sup> BLIMP1 (REF. <sup>195</sup> ) EOMES <sup>196</sup>	-	_

DGKa, diacylglycerol kinase-a; IFNa, interferon-a.

ElTanbouly & Noelle, Nat. Rev. Immunol., 21(4):257-267, 2021.

### **Development of T cell subsets**



Adapted from: Golubovskaya & Wu, Cancers, 8(3):36, 2016.

# **Regulatory T cell subsets**

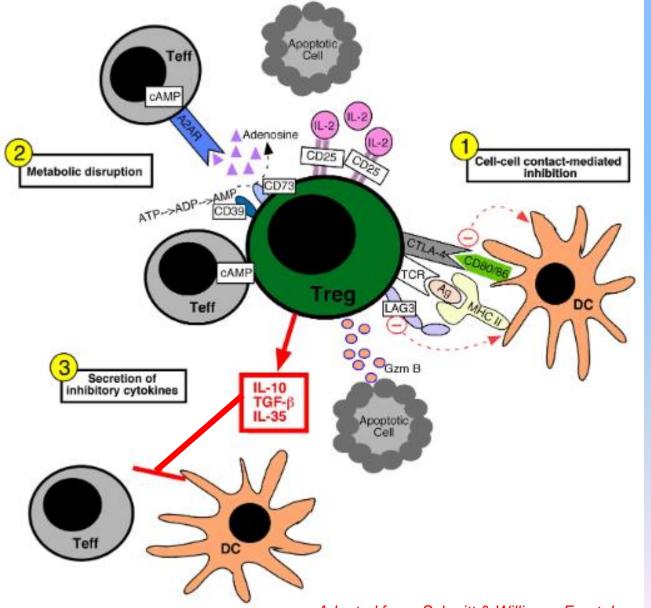
Cell population	Human	Mouse	Reference
CD4 <sup>+</sup> CD25 <sup>+</sup> Foxp3 <sup>+</sup>	1	1	(5, 6)
CD4 <sup>+</sup> Foxp3 <sup>low</sup> CD45RA <sup>+</sup>	1	X	(12)
CD4 <sup>+</sup> Foxp3 <sup>high</sup> CD45RA <sup>-</sup>	1	X	(12)
CD4 <sup>+</sup> Foxp3 <sup>-</sup> IL10 <sup>+</sup> (Tr1)	1	1	(37)
CD4 <sup>+</sup> Foxp3 <sup>-</sup> TGFβ <sup>+</sup> (Th3)	1	1	(38)
CD4+ Foxp3- IL35+ (iTr35)	1	1	(39)
CD4 <sup>+</sup> Foxp3 <sup>-</sup> IL10 <sup>+</sup> TGFβ <sup>+</sup> (Treg of B cells)	X	1	(40)
CD8 <sup>+</sup> Foxp3 <sup>+</sup> and/or CD28 <sup>-</sup> and/or CD25 <sup>+</sup>	1	X	(41-43)
CD8 <sup>+</sup> CD45RA <sup>+</sup> CCR7 <sup>+</sup> Foxp3 <sup>+</sup>	1	x	(44)
CD8 <sup>+</sup> CD45RC <sup>low/-</sup>	1	1	(45)
CD8 <sup>+</sup> CD122 <sup>+</sup>	X	1	(46)
CD8 <sup>+</sup> HLA-DR <sup>+</sup>	1	X	(47)
CD8 <sup>+</sup> HLA-E <sup>+</sup>	1	X	(48)
CD8 <sup>+</sup> Qa-1 <sup>+</sup>	X	1	(48)
γδ T cells	1	1	(49)
NKT	1	1	(50)

**TABLE 1** | Different Treg subsets identified in human and/or mouse.

Treg cells are categorized based on CD4 or CD8 surface markers expression.

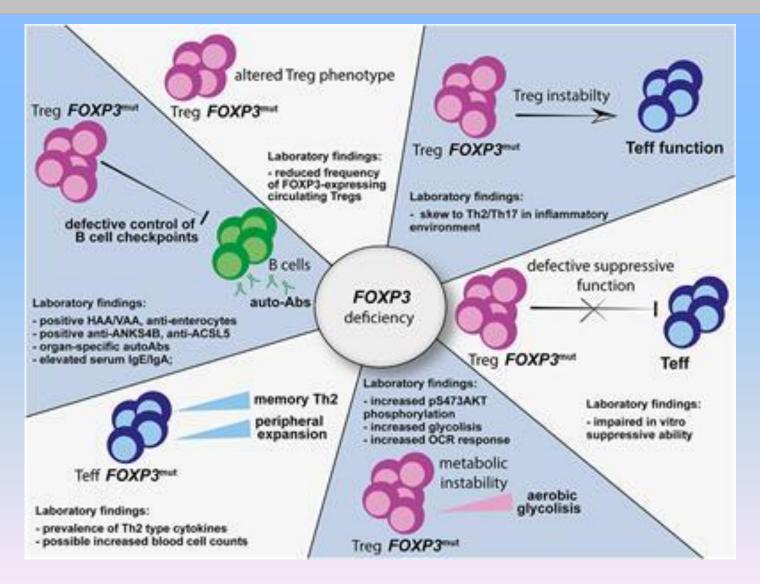
#### Rocamora-Reverte et al., Front. Immunol., 11:616949, 2021.

### **Mechanisms of Suppression by Regulatory T cells**



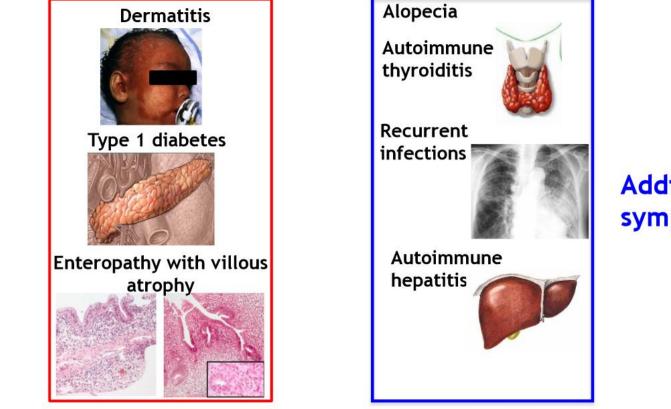
Adapted from: Schmitt & Williams, Front. Immunol., 4:152., 2013.

# Immune dysregulation, polyendocrinopathy, enteropathy, X-linked (IPEX) syndrome



#### Barzaghi & Passerini, Front. Pediatr., 9:612760, 2021.

# Immune dysregulation, polyendocrinopathy, enteropathy, X-linked (IPEX) syndrome



Classical

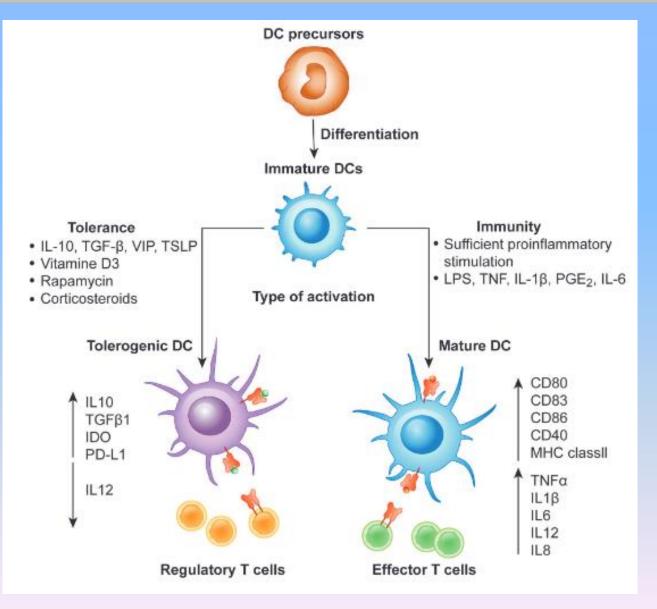
symptoms

triad of

Additional symptoms

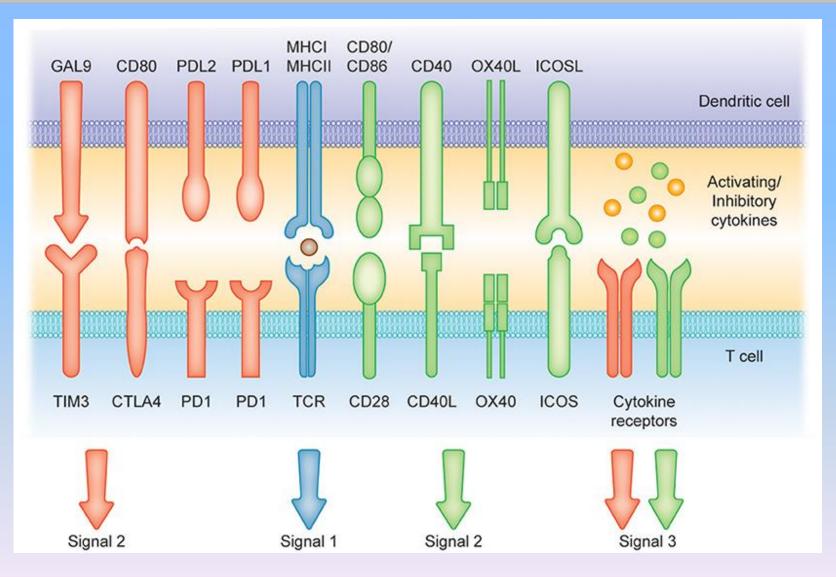
http://docplayer.net/1255997-Foxp3-il-peacekeeper-del-sistema-immunitario.html

### Dendritic cells: tolerance versus immunity



Fucikova et al., Front. Immunol., 10:2393, 2019.

# Tolerance or immunity depend on the molecular Interaction with T cells



Fucikova et al., Front. Immunol., 10:2393, 2019.

## Extrathymic Role for AIRE in peripheral DCs





### Extrathymic Aire-Expressing Cells Are a Distinct Bone Marrow-Derived Population that Induce Functional Inactivation of CD4<sup>+</sup> T Cells

James M. Gardner,<sup>1,2,7</sup> Todd C. Metzger,<sup>1,7</sup> Eileen J. McMahon,<sup>1,3</sup> Byron B. Au-Yeung,<sup>4</sup> Anna K. Krawisz,<sup>1</sup> Wen Lu,<sup>1</sup> Jeffrey D. Price,<sup>5</sup> Kellsey P. Johannes,<sup>1</sup> Ansuman T. Satpathy,<sup>6</sup> Kenneth M. Murphy,<sup>6</sup> Kristin V. Tarbell,<sup>5</sup> Arthur Weiss,<sup>4</sup> and Mark S. Anderson<sup>1,\*</sup>

<sup>1</sup>Diabetes Center, University of California, San Francisco, San Francisco, CA 94143-0540, USA

<sup>2</sup>Department of Surgery, University of California, San Francisco, San Francisco, CA 94143-0540, USA

<sup>3</sup>Department of Biology, Westmont College, Santa Barbara, CA 93108, USA

<sup>4</sup>Howard Hughes Medical Institute, Rosalind Russell Medical Research Center for Arthritis, Department of Medicine,

Department of Microbiology and Immunology, University of California, San Francisco, San Francisco, CA 94143-0540, USA

<sup>5</sup>Immune Tolerance Section, Diabetes Branch, National Institute of Diabetes and Digestive and Kidney Diseases, National Institutes of Health, Bethesda, MD 20892, USA

<sup>6</sup>Howard Hughes Medical Institute, Department of Pathology and Immunology, School of Medicine, Washington University in St. Louis, St. Louis, MO 63110, USA

7These authors contributed equally to this work

\*Correspondence: manderson@diabetes.ucsf.edu

http://dx.doi.org/10.1016/j.immuni.2013.08.005