

# Antigen presentation on MHC class lb-related molecules induces Aquaporin4-specific regulatory T cells in PBMC and prevents experimental autoimmune encephalomyelitis in mice

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### • Abstract

Background and Aims: Neuroinflammation and autoantibodies against Aquaporin-4 (AQP4) are highly characteristic for *neuromyelitis optica* spectrum disorders (NMOSD). Here, we investigate whether novel antigen-specific tolerance-inducing biomolecules that present AQP4-peptide antigens on MHC class Ib-related molecules can induce AQP4-specific regulatory T cells. We further explore whether corresponding mouse-adapted molecules confer protection in murine neuroinflammatory disease models.

**Methods:** We generated single chain molecules termed **AutoImmunity Modifying Biologicals** (AIM Bios) comprising antigenic peptides, human or murine MHC class I  $\alpha 1 - \alpha 2$  antigen presenting domains, an HLA-G  $\alpha$ 3 domain and  $\beta$ 2-macroglobulin. ELISpot was used to test if these molecules induce antigen-specific tolerogenic CD8<sup>+</sup> T<sub>reg</sub> cells both in human PBMCs *in vitro* and in mice. The therapeutic potential of AIM Bios was further analyzed in neuroinflammatory experimental autoimmune encephalomyelitis (EAE) mouse models & optic neuritis in 2D2 mice in vivo.

**Results:** AIM Bios selectively polarize cognate CD8<sup>+</sup> T cells specific for the presented peptide towards a CD8<sup>+</sup>CD122<sup>+</sup> IL-10 secreting T<sub>reg</sub> phenotype. Such antigen-specific T<sub>reg</sub> can also be induced with mouse-adapted molecules in mice in vivo. Here, AIM Bios prevent immunemediated neuroinflammatory disease symptoms by either targeting autoreactive effector T cells, or conferring bystander protection via induction of tissue-specific regulatory T cells.

**Conclusions**: AIM Bios induce human AQP4-specific regulatory T cells *in vitro* and prevent neuroinflammatory disease in animal models. Aquaporin-4-specific AIM Bios may therefore be highly suitable for targeted immunosuppression in NMOSD.

## • Introduction

- Autoimmune Diseases
- Driven by rare self-antigen-specific effector T cells (T<sub>eff</sub>)
- healthy Target initiate organs, inflammation, cause tissue destruction and disability.
- > NMOSD
- Autoantigen: AQP-4, a water channel protein
- Predominantly expressed on astrocytes in brain, spinal cord and optic nerve
- Pathological hallmarks:
- Autoantibodies targeting Aquaporin-4 myelin (AQP4) & oligodendrocyte glycoprotein (MOG)
- Double-seronegative cases indicate T-cell involvement (1)
- **Prevalence:** 0.5–4/100,000 worldwide
- Clinical symptoms: Optic neuritis
- Current treatment options:
- Anti-inflammatory drugs
- Plasmapheresis (PLEX)
- Immunotherapy: General B/T Cell inhibition

> Drawbacks

- Inhibit protective T<sub>eff</sub>
- Increases risk for opportunistic infections &



Transverse myelitis Lesions in spinal cord & optic nerve

cancer • Treatment of symptoms (2)

• The role of peptide presentation on Inhibition of IFN-y secretion HLA-G KIR2DL4 NK cells Inhibition of transendothelial migration HLA-G is still enigmatic.

Inhibition of NK lysis direct and indirect

ILT2



![](_page_0_Picture_35.jpeg)

- BMDC were loaded with 5  $\mu$ g/ml murine AIM Bios comprising either
- i. H-2K<sup>b</sup> α1-3 domains and Ovalbumin peptide (Ova\_Kb)
- ii. H-2K<sup>b</sup>  $\alpha$ 1+2 domain, HLA-G  $\alpha$ 3 domain and either an Ova (Ova KbG) or a viral control peptide (gp34).
- Loaded DCs were co-cultured with Ova-specific OT-I CD8<sup>+</sup> T cells.
- Cytokine quantification in ELISpot and flow cytometry analysis showed that AIM Biologicals induce CD122<sup>+</sup>, IL-10 secreting, antigen-specific T<sub>reg</sub>.

- 500 µg mouse-adapted AIM Bio molecules presenting gp34 or Ova257 were injected i.p. into C57BL/6J mice.
- Re-challenging harvested splenocytes after 2 weeks with peptide that had previously been presented on AIM Bios resulted in high (7/12 mice) or at least detectable (11/12 mice) numbers of IL-10 secreting T<sub>reg</sub>.

Mouse-adapted AIM Biologicals presenting Ovalbumin- or Mog44-derived peptides selectively suppress OT-I-driven EAE in ODC-Ova mice models

- 250 µg mouse-adapted AIM Bio constructs were injected i.p. into ODC-Ova mice, which express ovalbumin in oligodendrocytes. In parallel, activated OT-I T cells were injected.
- AIM Bios inducing tolerance towards Ova257 or Mog44 selectively suppressed EAE symptoms and spinal cord inflammation. Virus-specific AIM Bios had no effect.

Mouse-adapted AIM Bios prevent MOG-induced EAE and autoantibody production

 In CD4<sup>+</sup>-driven MOG (35-55)-induced EAE model, 33-100µg of mouseadapted AIM Bios inducing tolerance towards CD8<sup>+</sup> MOG peptides selectively prevented EAE and anti-MOG autoantibodies.

![](_page_0_Figure_50.jpeg)

![](_page_0_Figure_51.jpeg)

AQP\_HLAG AIM Bios induce peptide-specific regulatory T cells Treating PBMC from 55 healthy donors (HLA-A2<sup>+/-</sup>) AIM Bios inducing tolerance towards AQP4 significantly increased the number of IL-10 secreting, CD8<sup>+</sup>CD28<sup>-</sup>CD127<sup>-</sup> T<sub>reg</sub> population (5) compared to untreated cells in 65% of tested donors.

- H&E staining of the eyes showed that AQP4 tolerance inducing AIM Bio preserved INL thickness in treated mice.
- A larger study will be needed to obtain robust data.

Retinal layer thickness of control & treated 2D2 mice was analyzed by H&E staining **IPL:** Inner Plexiform layer **OPL:** Outer Plexiform layer INL: Inner nuclear layer ONL: Outer nuclear layer IRL: Inner retinal layer ORL: Outer retinal layer

## • Conclusion

- Mouse-adapted AIM Biologicals selectively induce IL-10, inhibit IFN-γ secretion in cognate T cells, inhibit EAE symptoms and spinal cord inflammation and eliminate MOG-specific autoantibodies in CD4+-dependent MOG EAE models.
- AQP4\_HLAG AIM Biologicals induce IL-10 secreting CD8<sup>+</sup>CD28<sup>-</sup>CD127<sup>-</sup> T<sub>reg</sub> in hPBMC.
- Preliminary data with mouse 2D2 models of spontaneous EAE indicate that mouse-adapted AIM Bios may reduce optic neuritis, loss of inner nuclear layer neurons and EAE symptoms. However, the data set is too small to be conclusive.

#### References

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