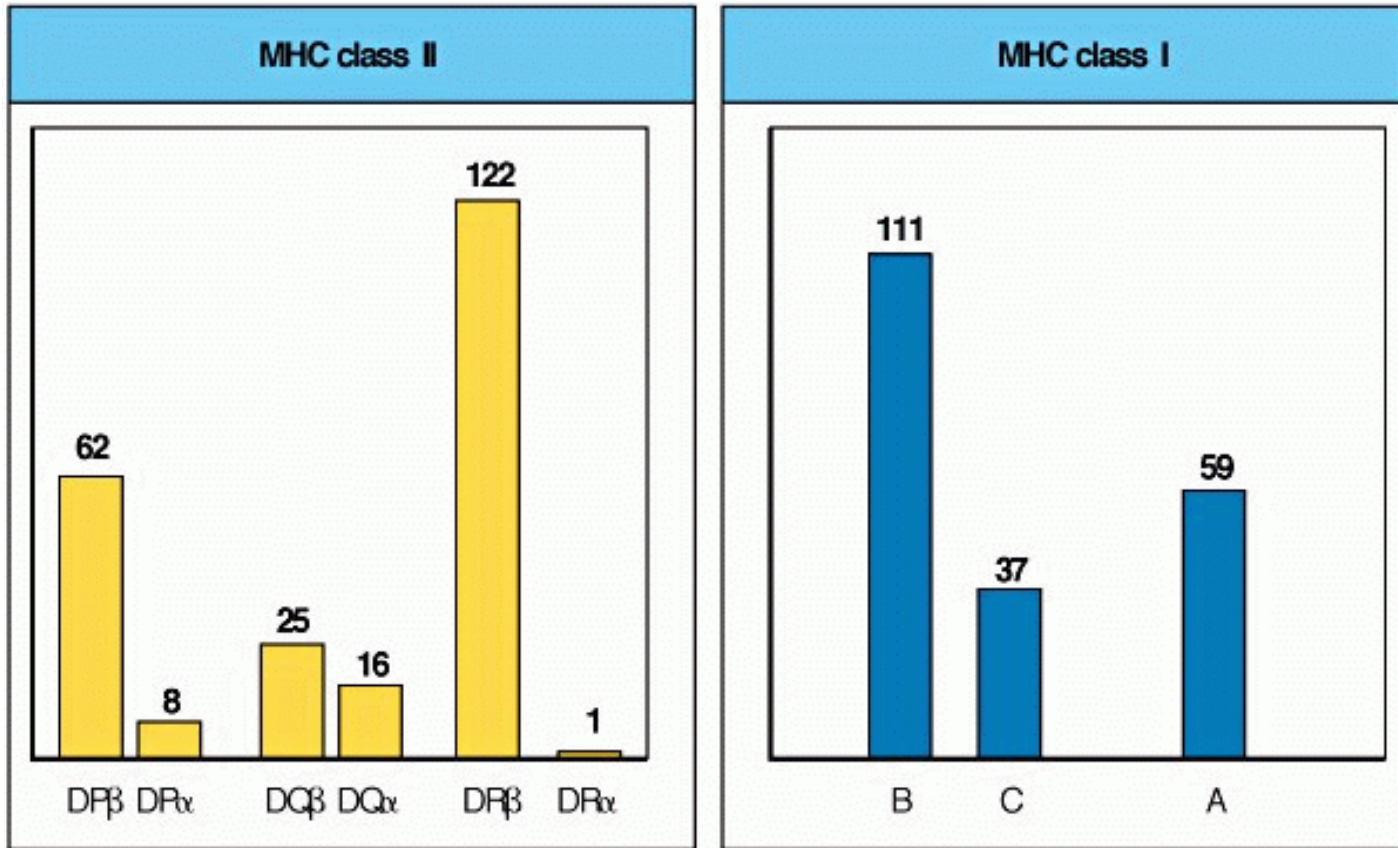


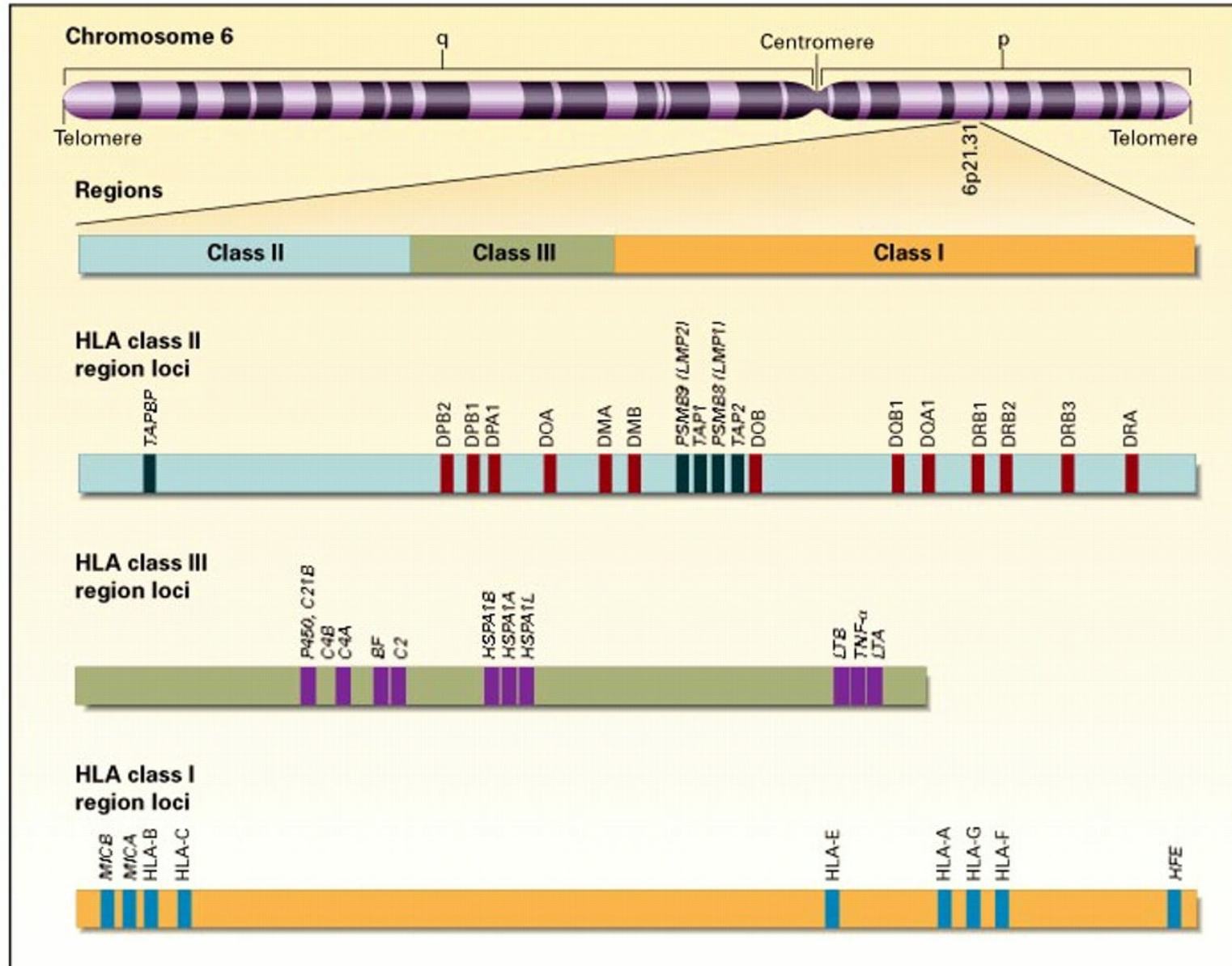
HLA antigens  
(Human Leukocyte Antigens)

= human MHC  
(Main Histocompatibility Complex)  
antigens

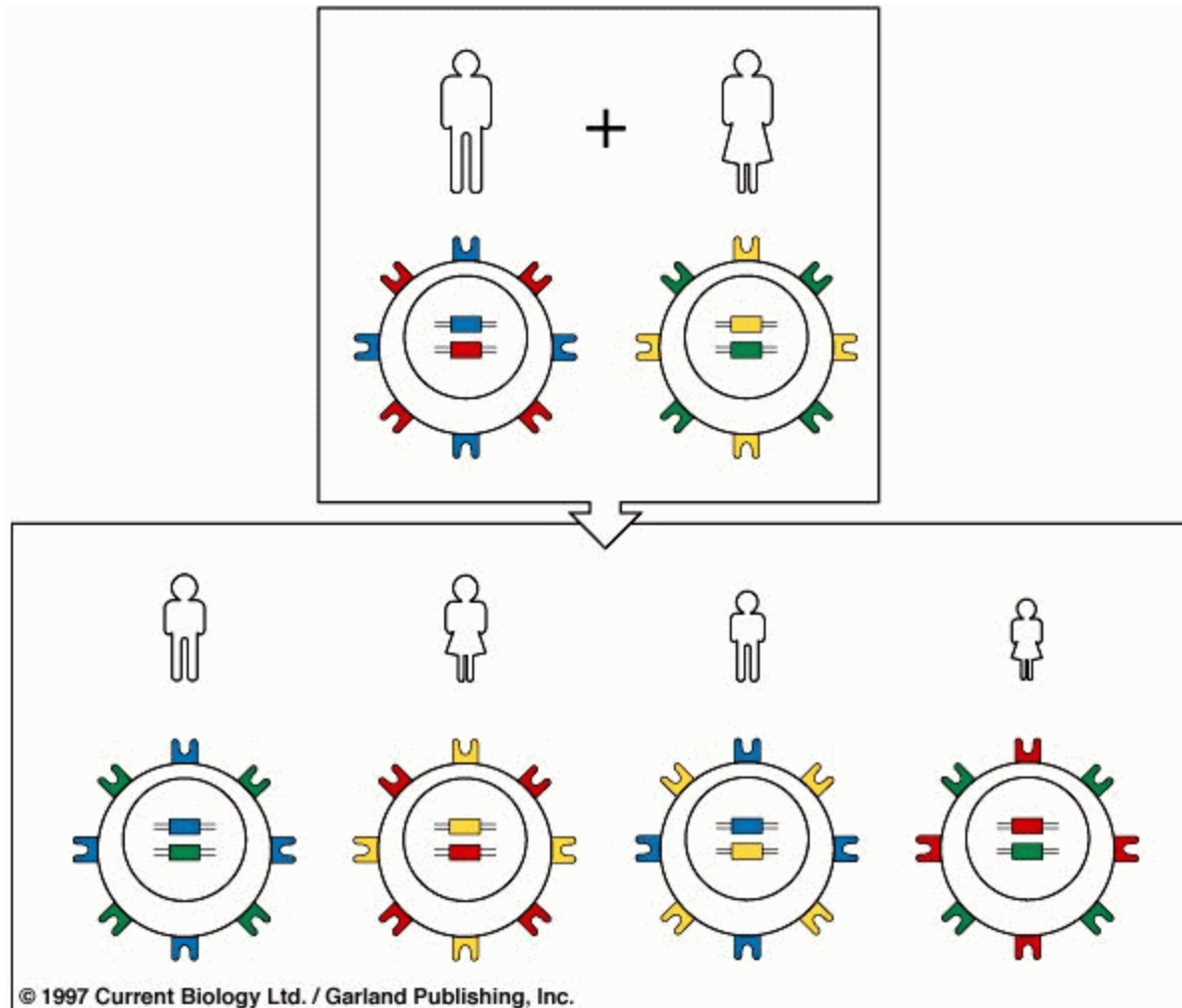
# Polymorphism of human MHC antigens



# HLA genes are localized on 6p chromosome

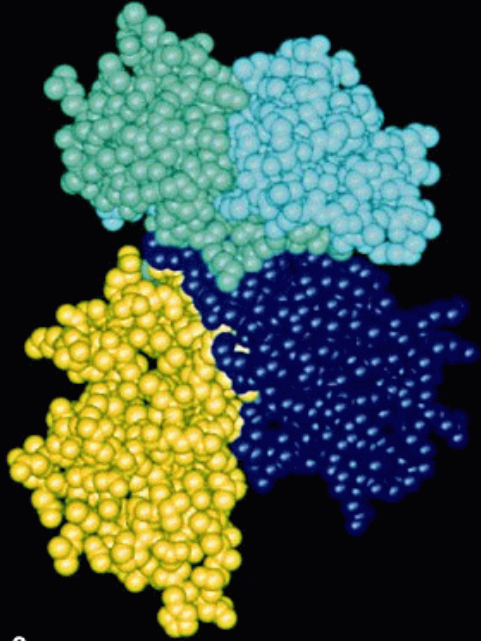


# Co-dominant expression of HLA genes

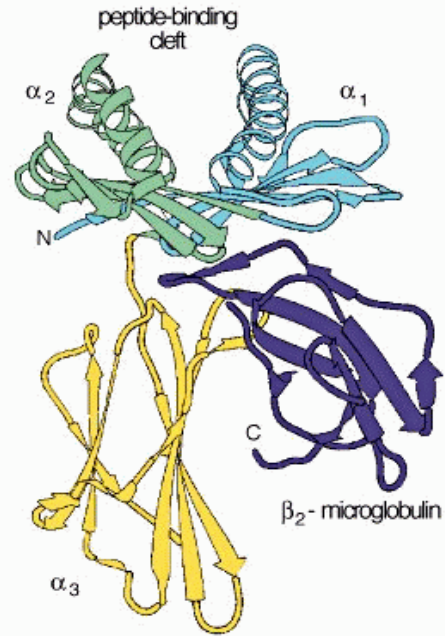


# HLA-I antigens

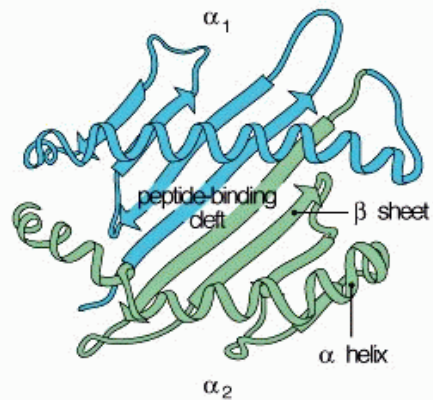
© 1997 Current Biology Ltd. / Garland Publishing, Inc.



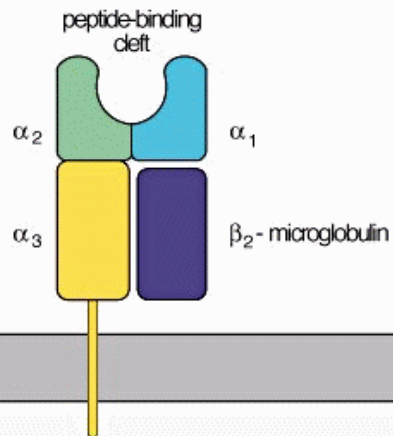
a



b



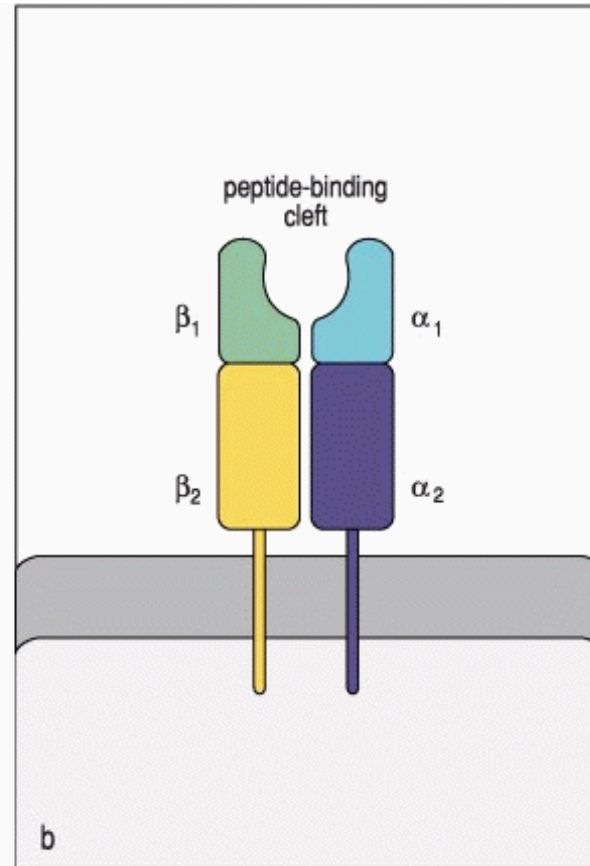
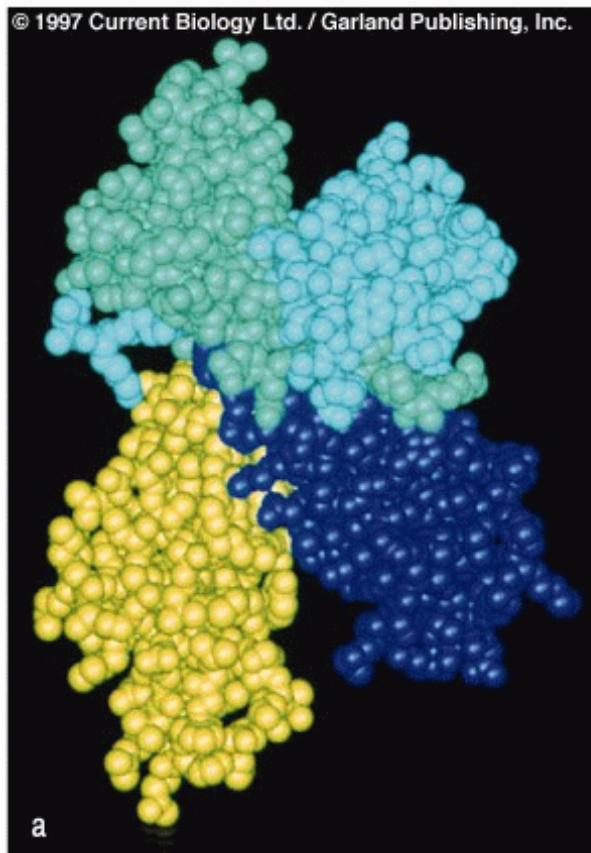
c



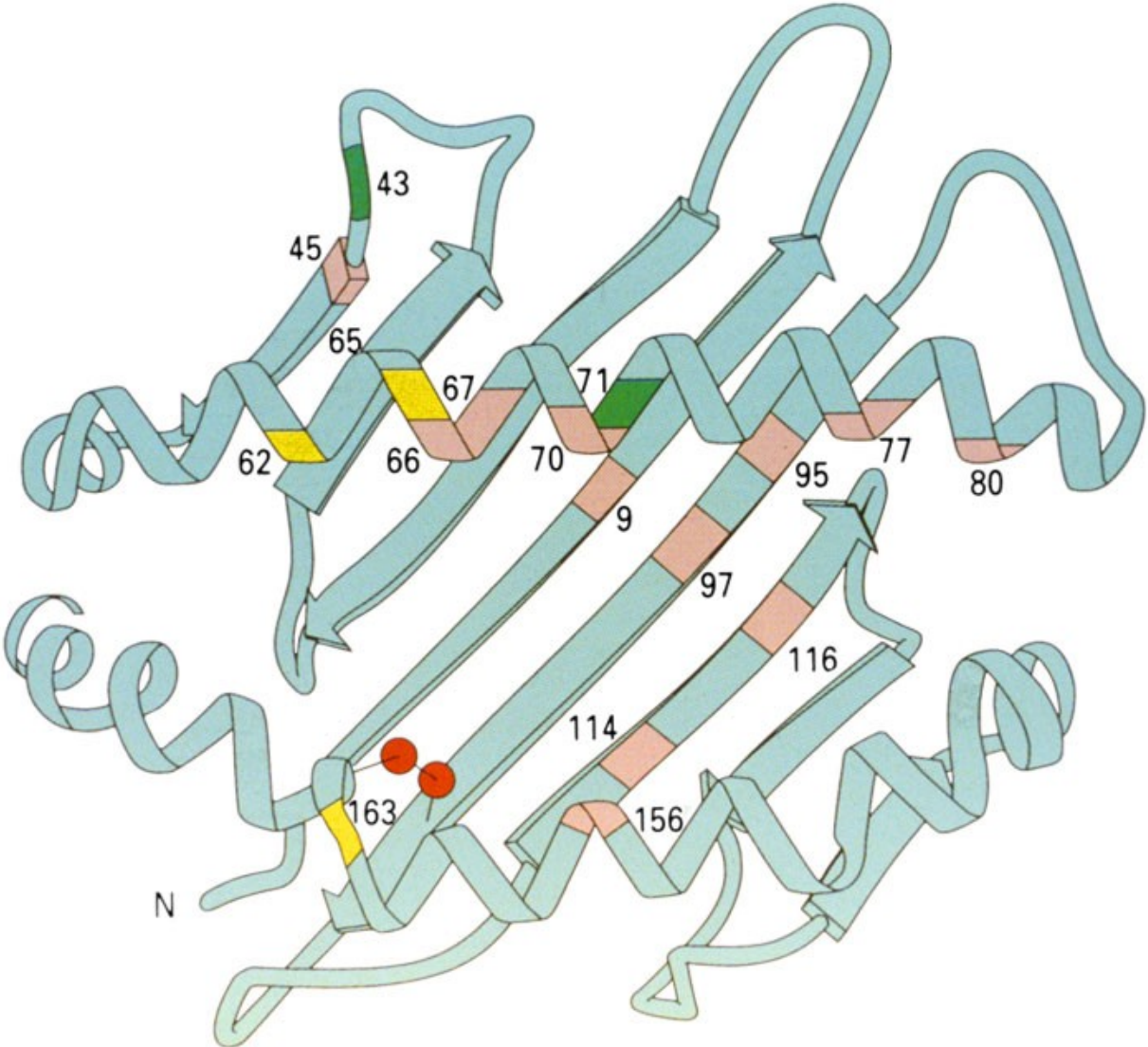
d



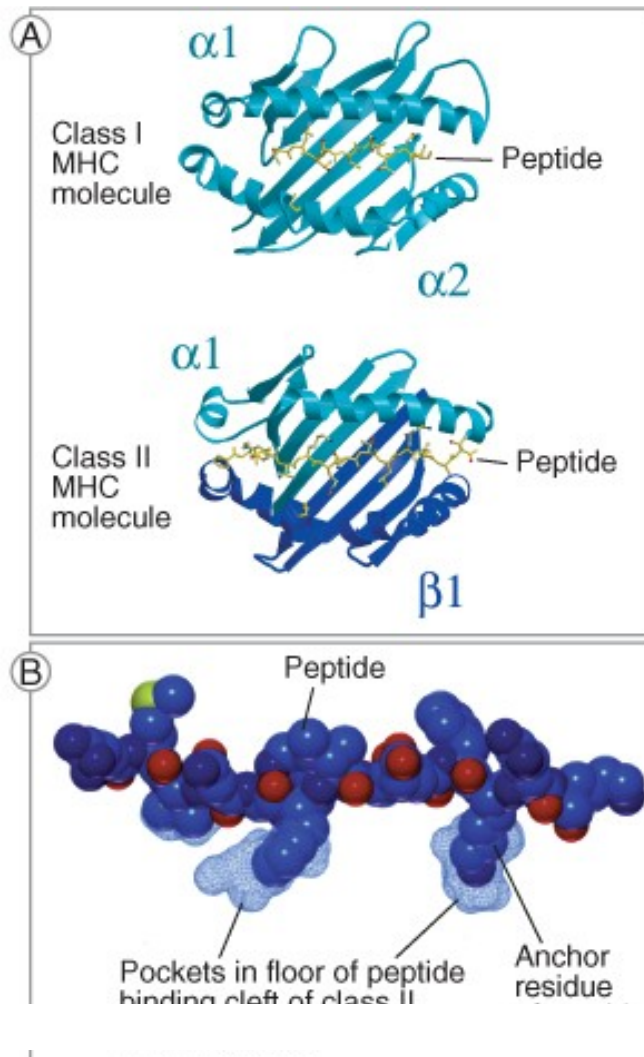
# HLA-II antigens



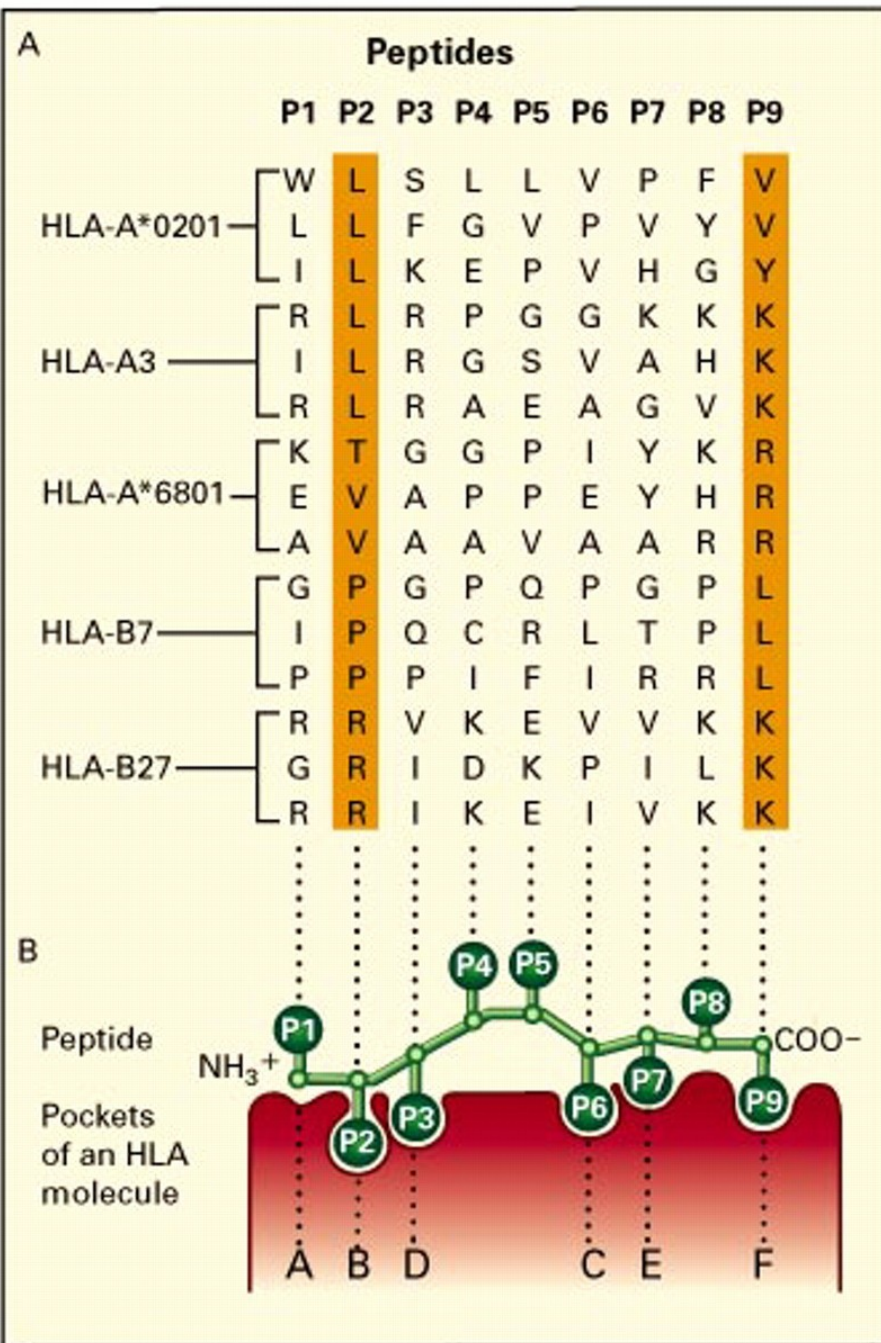
# The top surface of HLA-A2



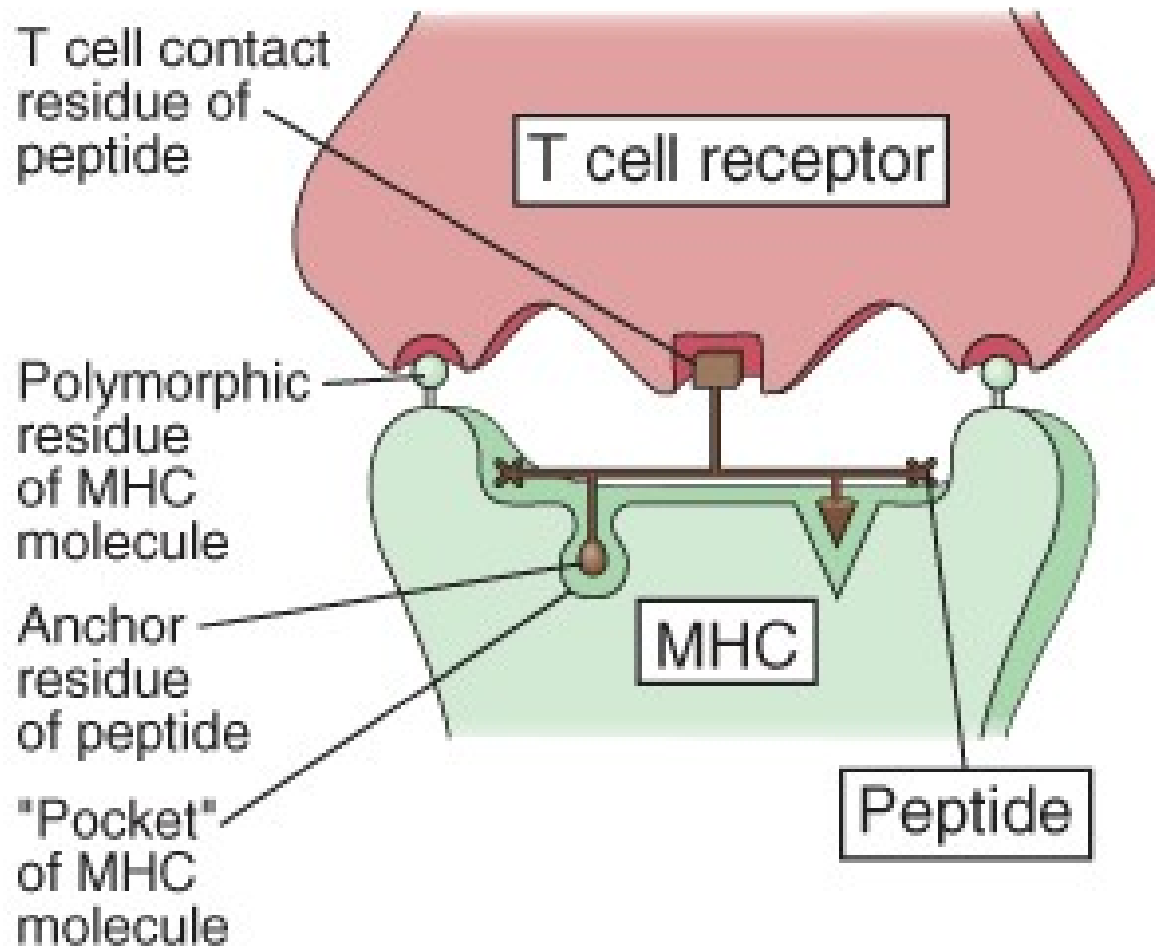
# Binding of antigenic peptide to HLA molecule







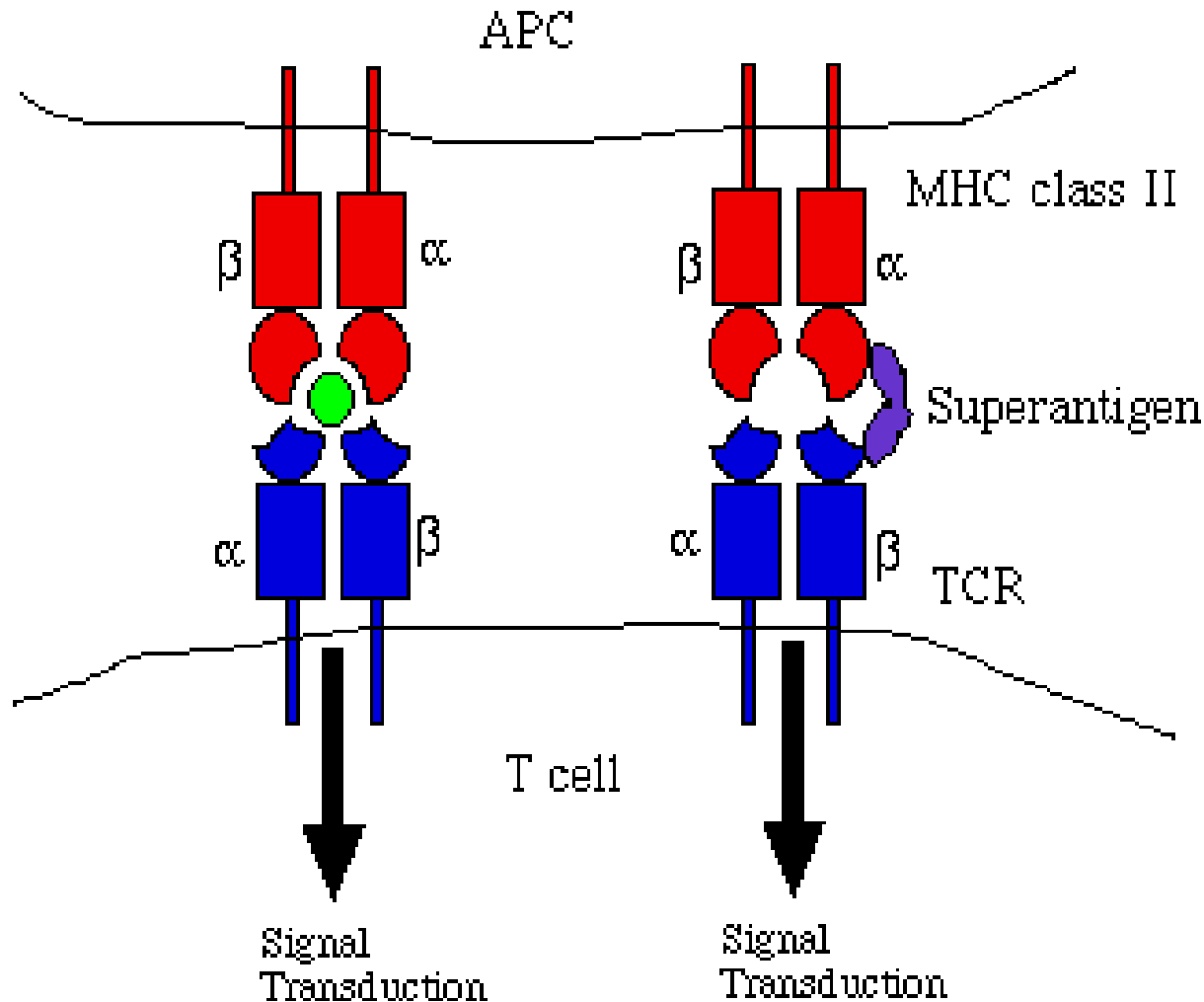
# Interaction of TCR with HLA+antigen



# Superantigens

- Bind to invariant regions of HLA-II and TCR.
- The consequence is a polyclonal stimulation of lymphocytes without presence of antigen.
- This stimulation may lead to autoimmune reaction.
- High quantity of released cytokines may lead to a severe damage of the organism.
- Examples: staphylococcal enterotoxin, erythrocytic toxin of Streptococcus

# Activation of TCR by antigen and by superantigen



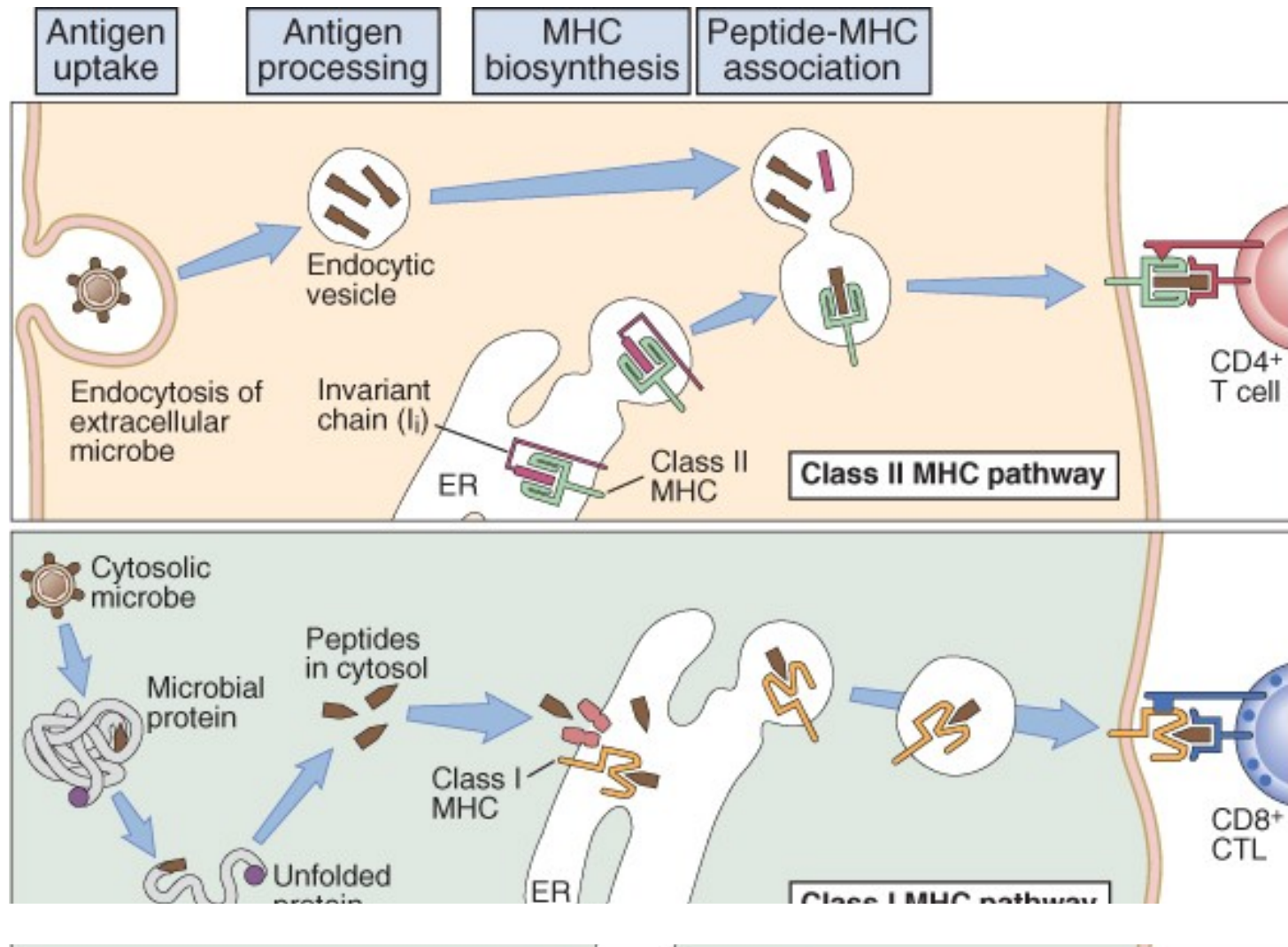
# Initiation of the immune response, Role of HLA antigens



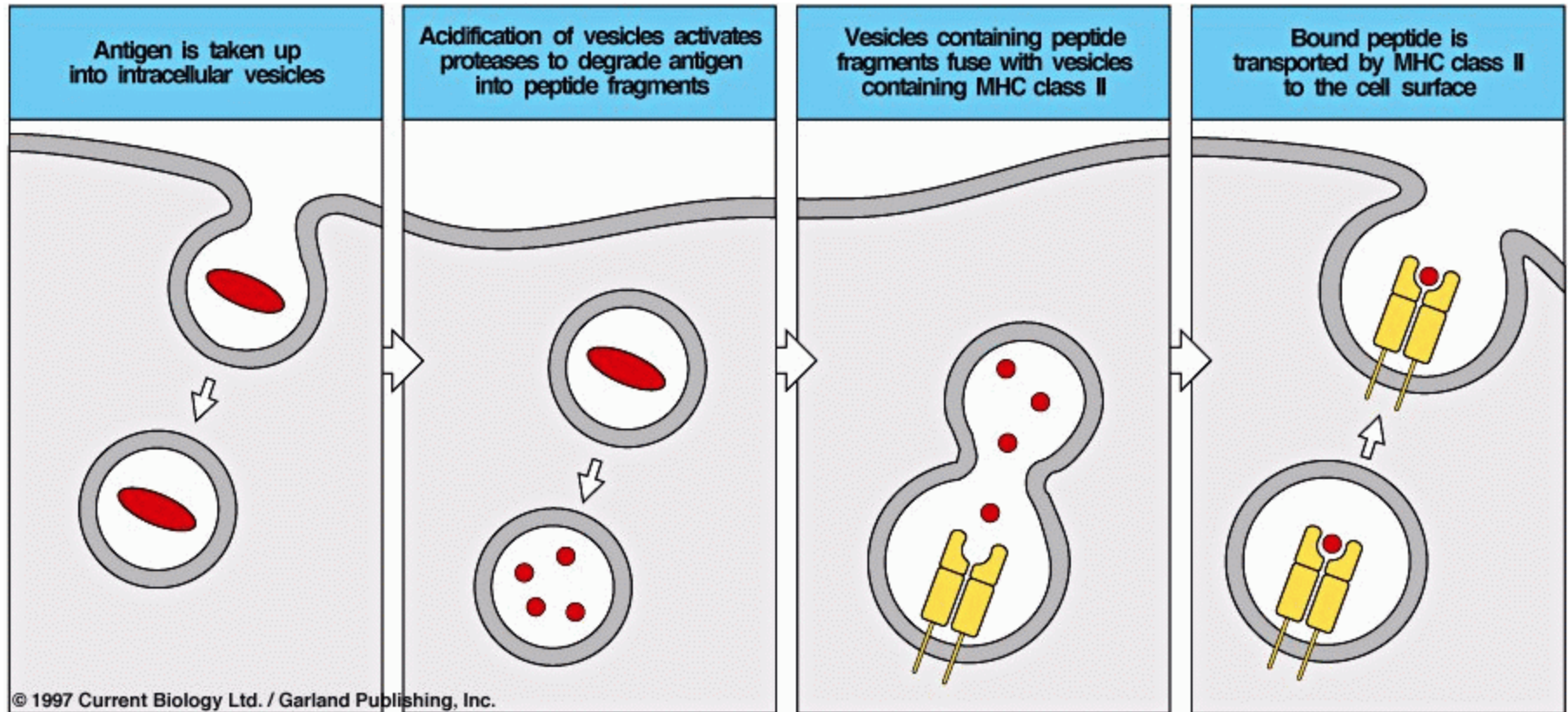
# Two types of antigens as regards antibody production stimulation

- T- dependent. Initiation of immune response requires antigen presenting cells, T-lymphocytes. Includes majority of antigens.
- T-independent. For the stimulation of B-cells T-lymphocytes (and APC) are not necessary. Polysacharides are typical examples. Only IgM is produced (not other isotypes). No immune memory is induced.

# Role of HLA antigens in immune response



# Degradation and presentation of antigens on HLA-II molecules

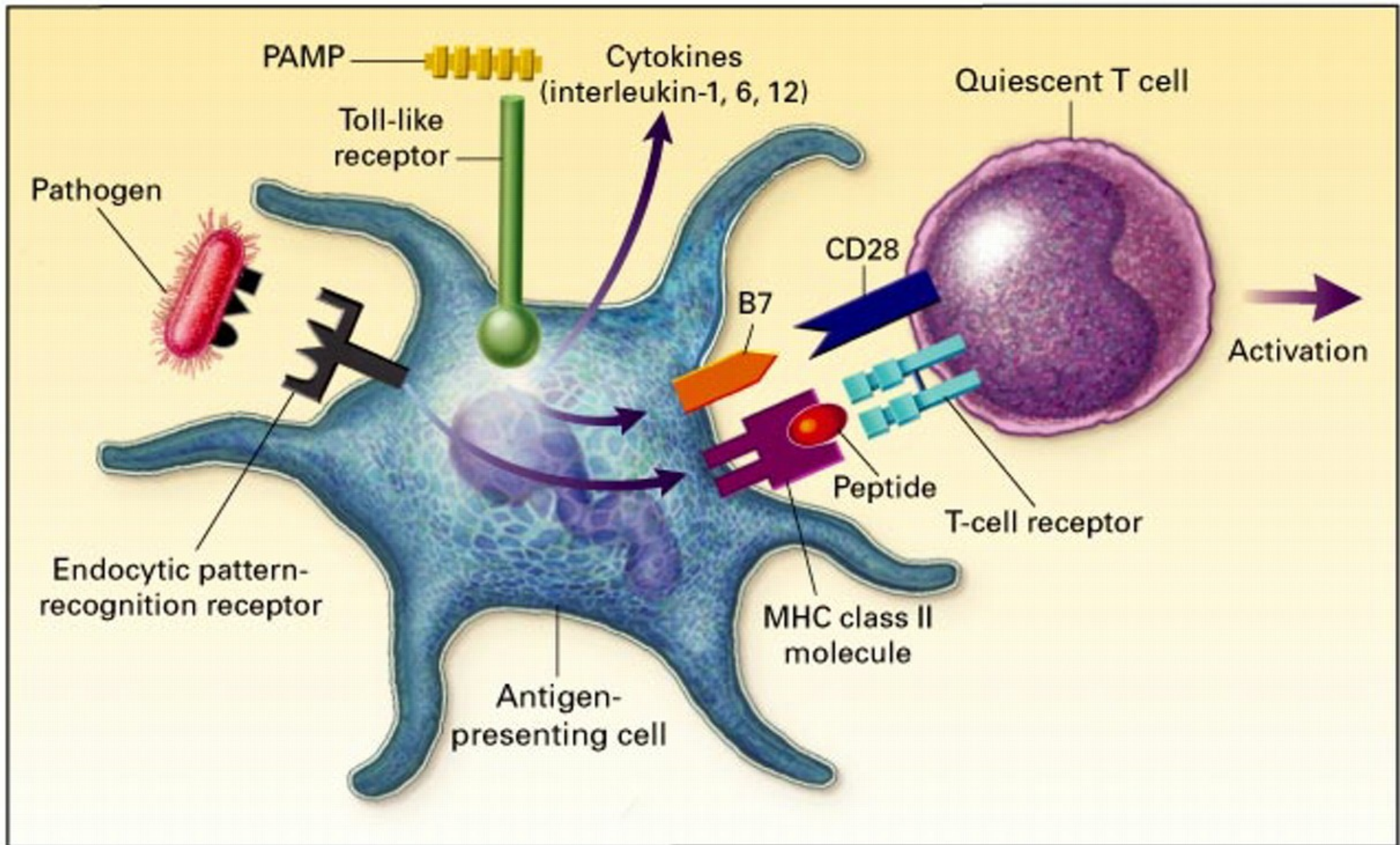


# Role of HLA antigens in immune response

- HLA-I: Expressed on all nucleated cells. Presentation of endogenous antigens to CD8+ cells. This leads to activation of the CD8+ cell and cytotoxic effect on antigen-presenting cell.
- HLA-II Expressed on professional antigen-presenting cells – monocytes, macrophages, dendritic cells, B-cells. Presentation of exogenous antigens to CD4+ cells. This leads to activation of the CD4+ (and also the antigen presenting cell).



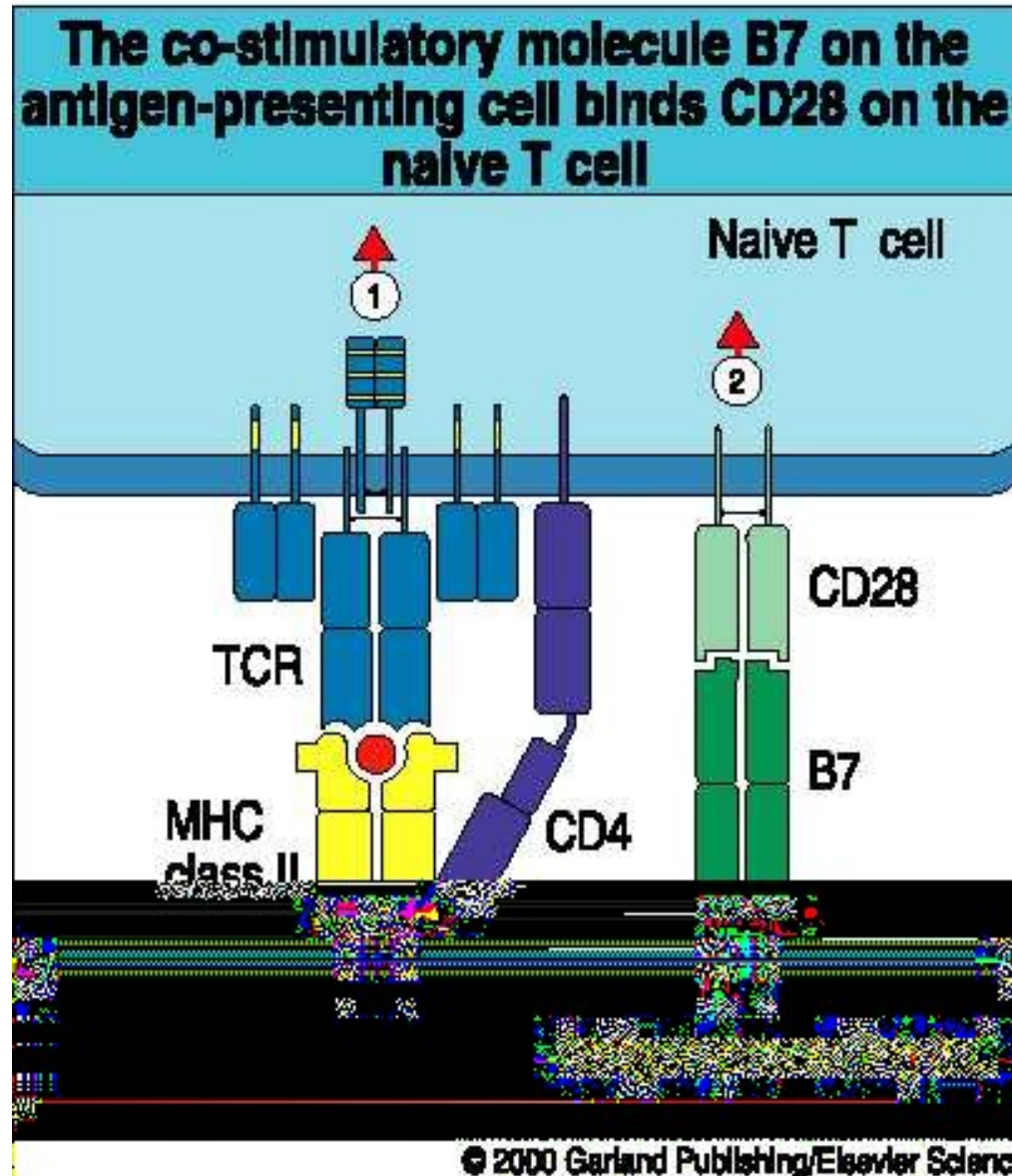
# Stimulation of a T-cell by an antigen is a complex reaction



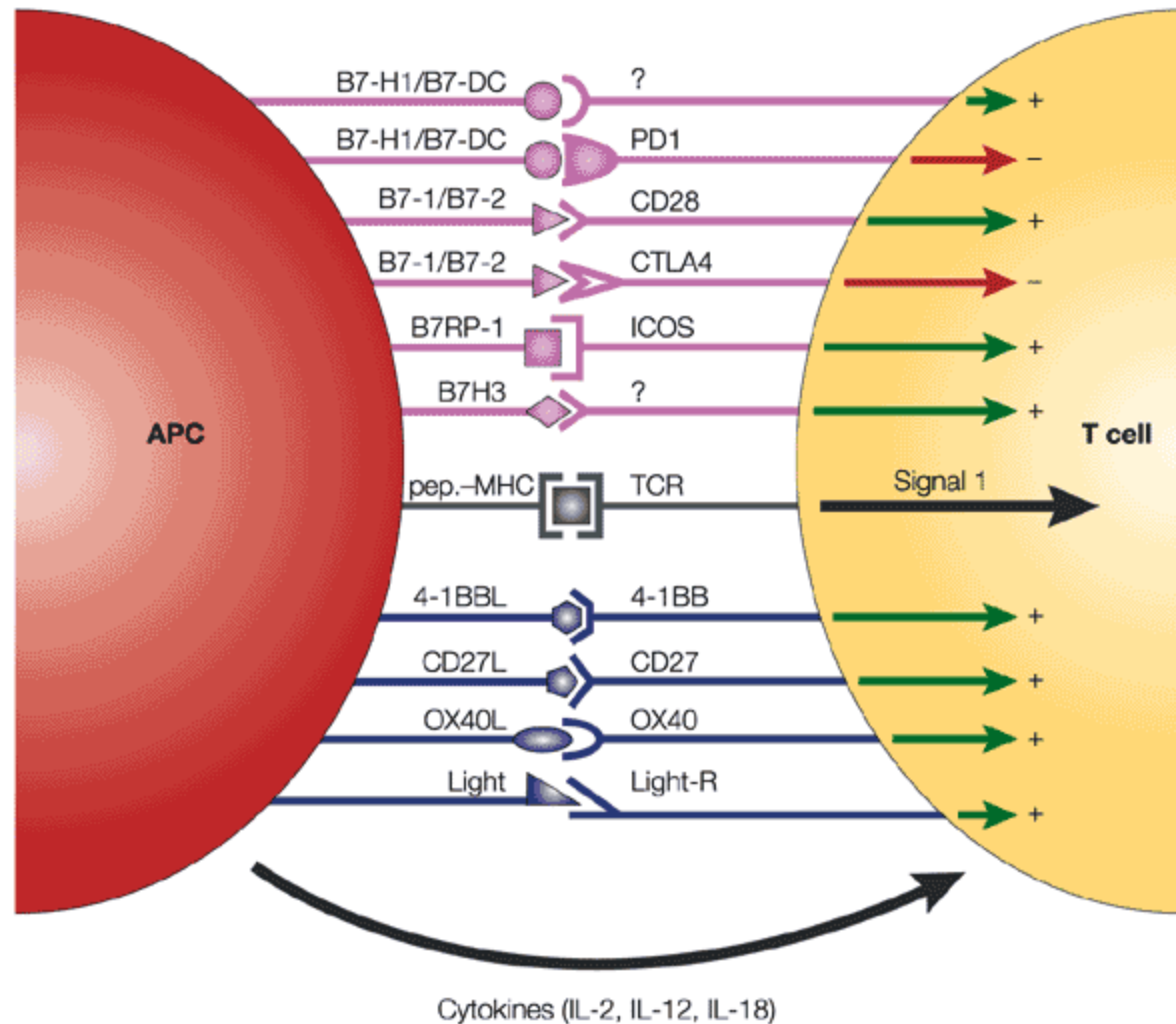


# Costimulatory signals in T-cell activation

Figure 6.7

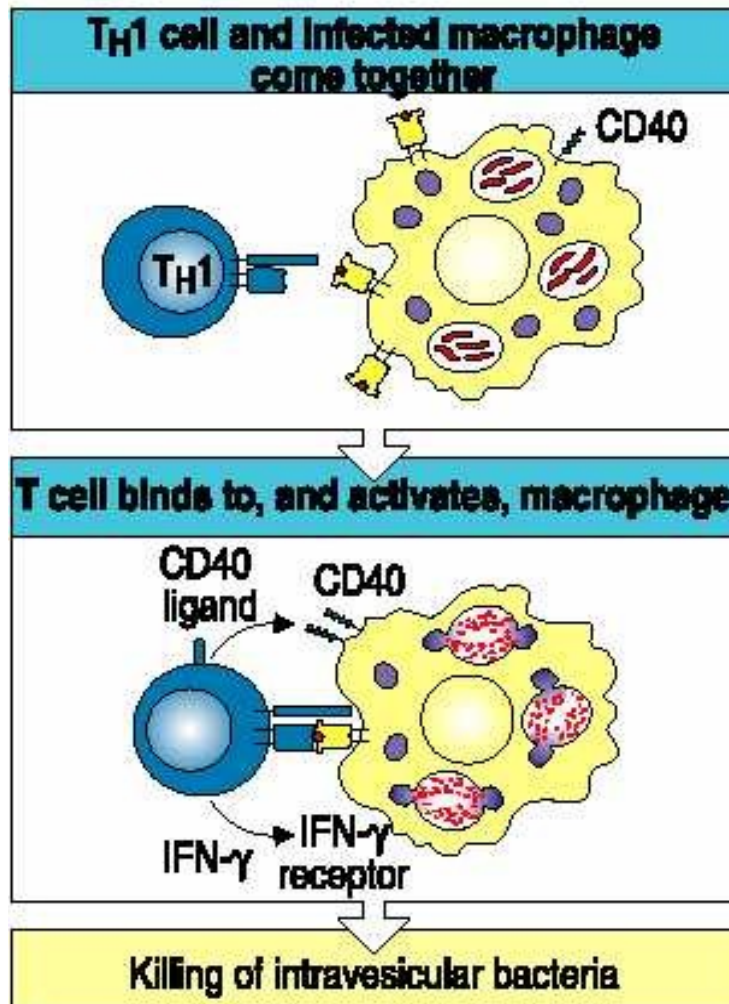


# Costimulatory signals in T-cell activation



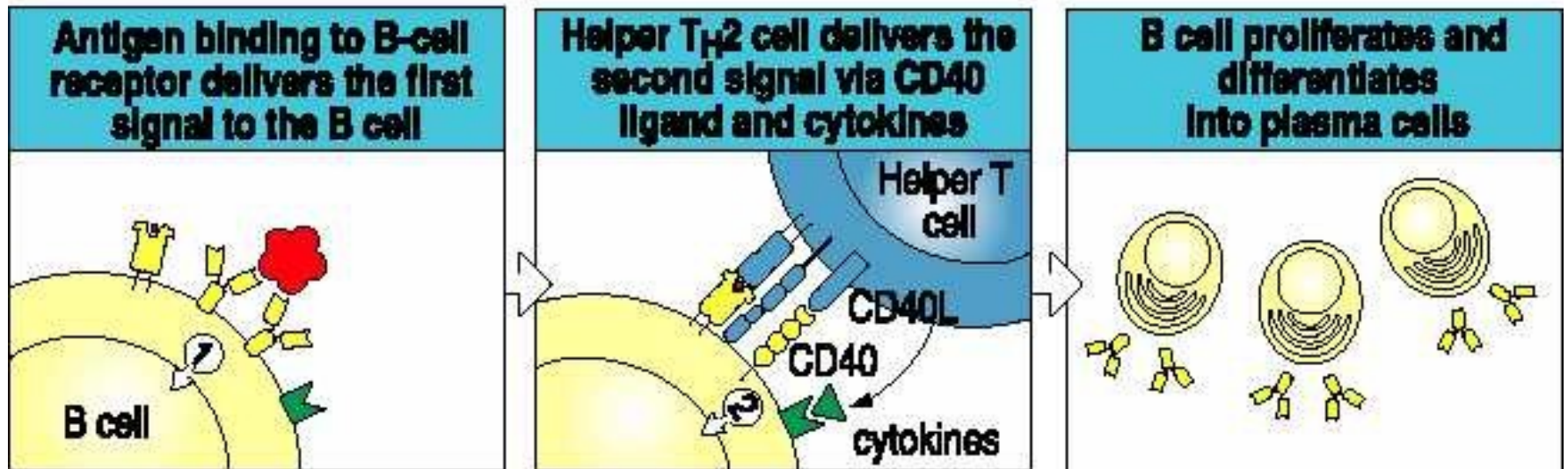
# Function of Th1 cells

Figure 8.27



# Initiation of antibody response in T-cell dependent antigens

Figure 7.8





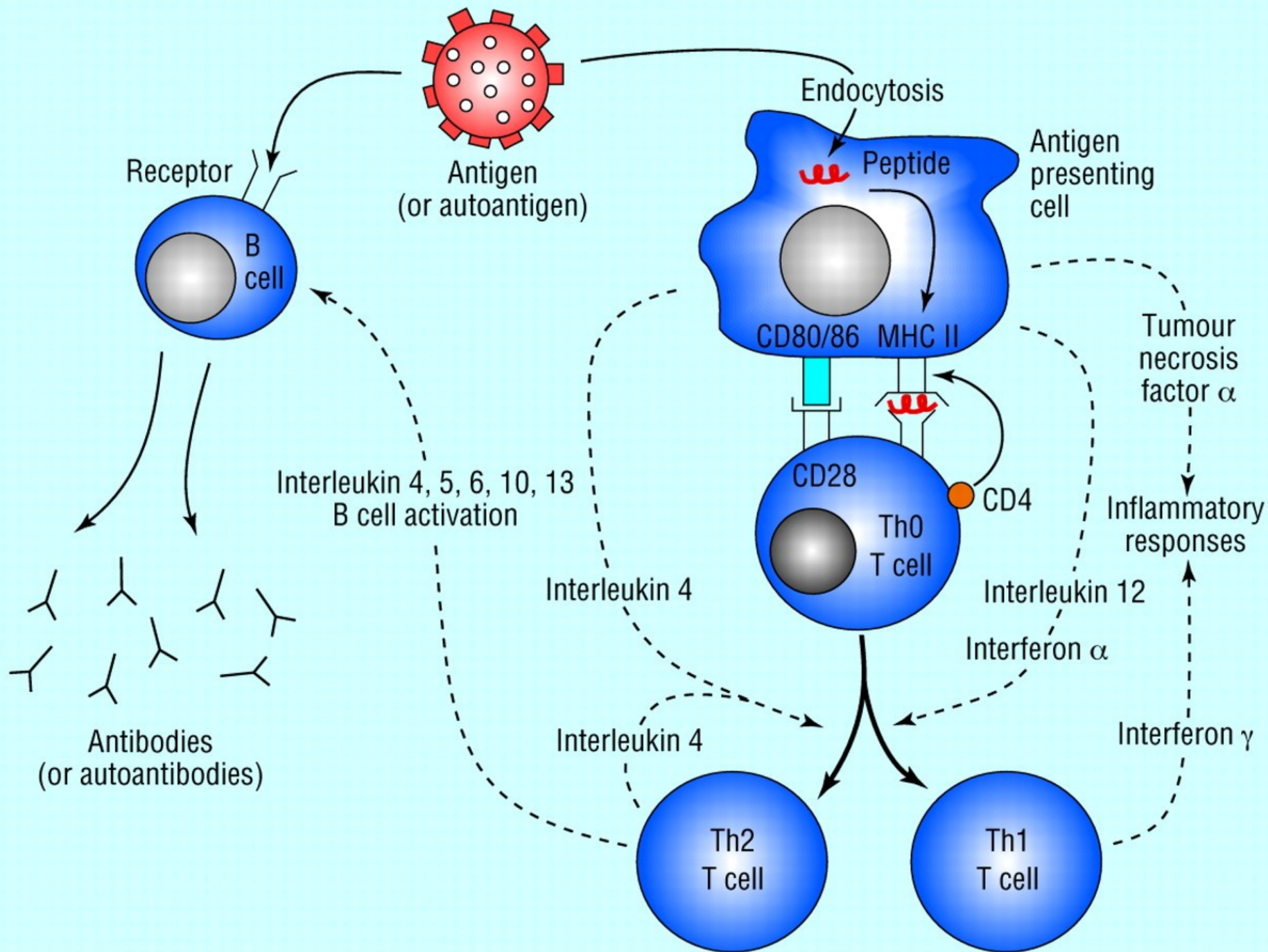
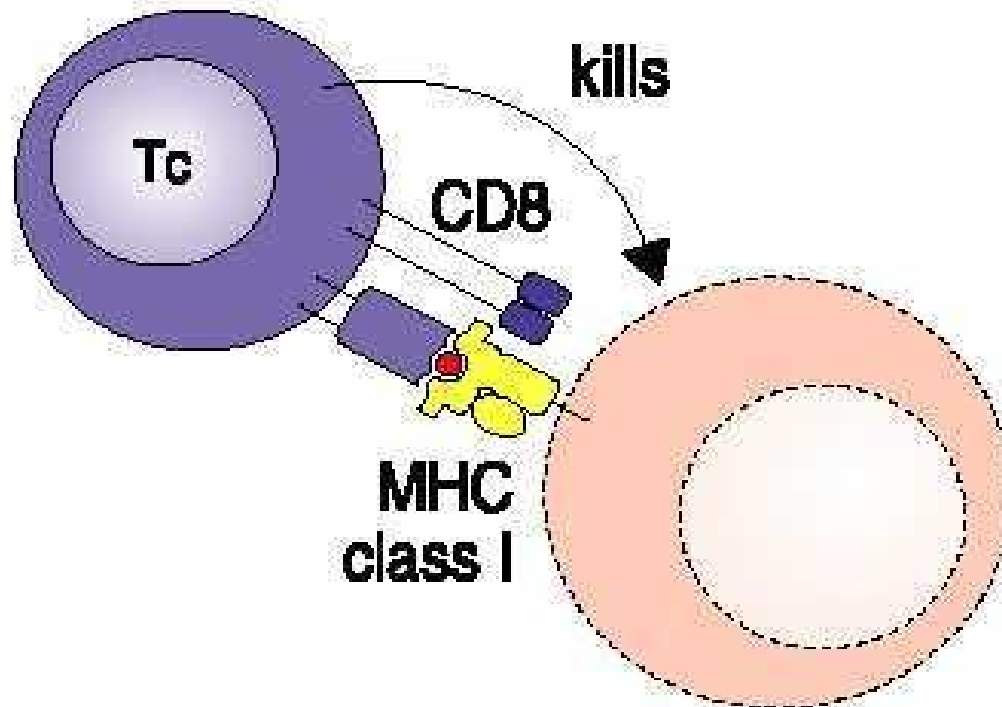


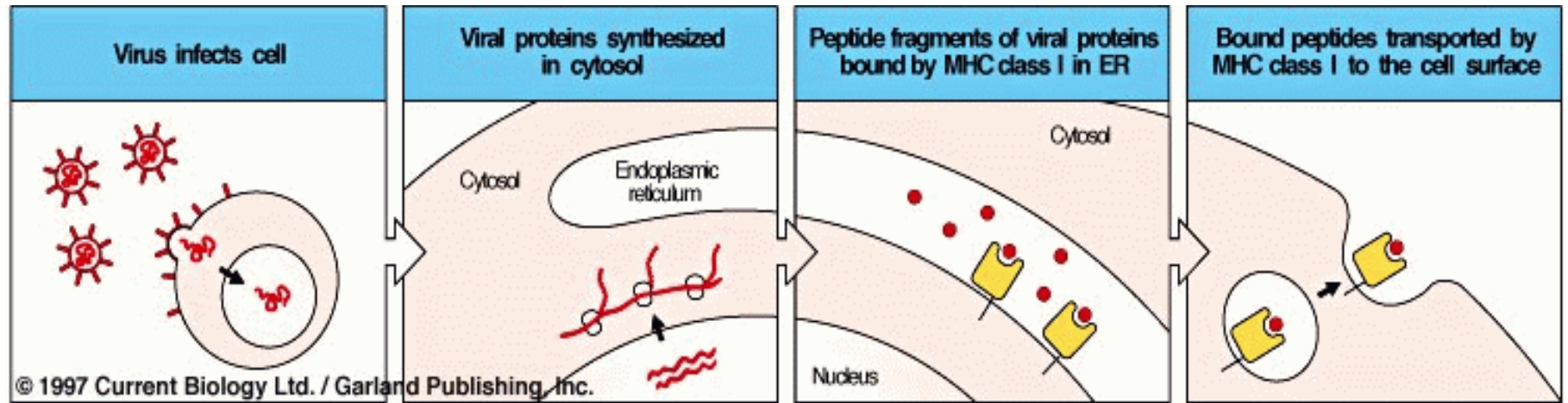


Figure 1.24

**Cytotoxic T cell recognizes complex of viral peptide with MHC class I and kills infected cell**



# Expression of viral antigens on HLA-I molecules



# HLA antigens and diseases

- Various, predominantly immunopathologic, diseases are more frequent in persons with some HLA antigens.
- Presence of the HLA antigen makes a predisposition to development of the disease (increased relative risk), but not cause a disease.
- Majority of the carriers of the „disease associated antigen“ are healthy!

# Association of diseases with particular HLA antigens

<b>Disease</b>	<b>HLA antigen</b>	<b>Relative risk*</b>
Rheumatoid arthritis	DR4	6
Insulin-dependent diabetes	DR3	5
	DR4	6-7
	DR3/DR4	20
	DR3, DQw8/DQw2	30
Chronic active hepatitis	DR3	14
Coeliacia	DR3	12
Ankylosing spondylitis	B27	90-100

# Ankylosing spondylitis

- Males predominantly affected, frequency 1:1000.
- Usually starts with sacroileitis, consequently vertebral column is affected.
- Fibrotisation and ossification of intervertebral joints and filaments.
- The process leads to decreased mobility and ankylosis in terminal state.
- Ninety-five percent of patients are HLA-27 positive.



# Ankylosing spondylitis



# Ankylozing spondylitis and HLA B-27

- Frequency of the disease is 1:1000.
- Ninety-five percent of patients are HLA-27 positive (in Caucasian population).
- But: HLA-27 is present in approximately 5% of people  $\Rightarrow$  only 1 / 50 HLA B-27+ persons will develop ankylosing spondylitis!
- Negativity of HLA-B27 almost excludes the diagnosis of ankylosing spondylitis.
- Pozitivity – only shows that the patient has the predisposition! It does not make a diagnosis!

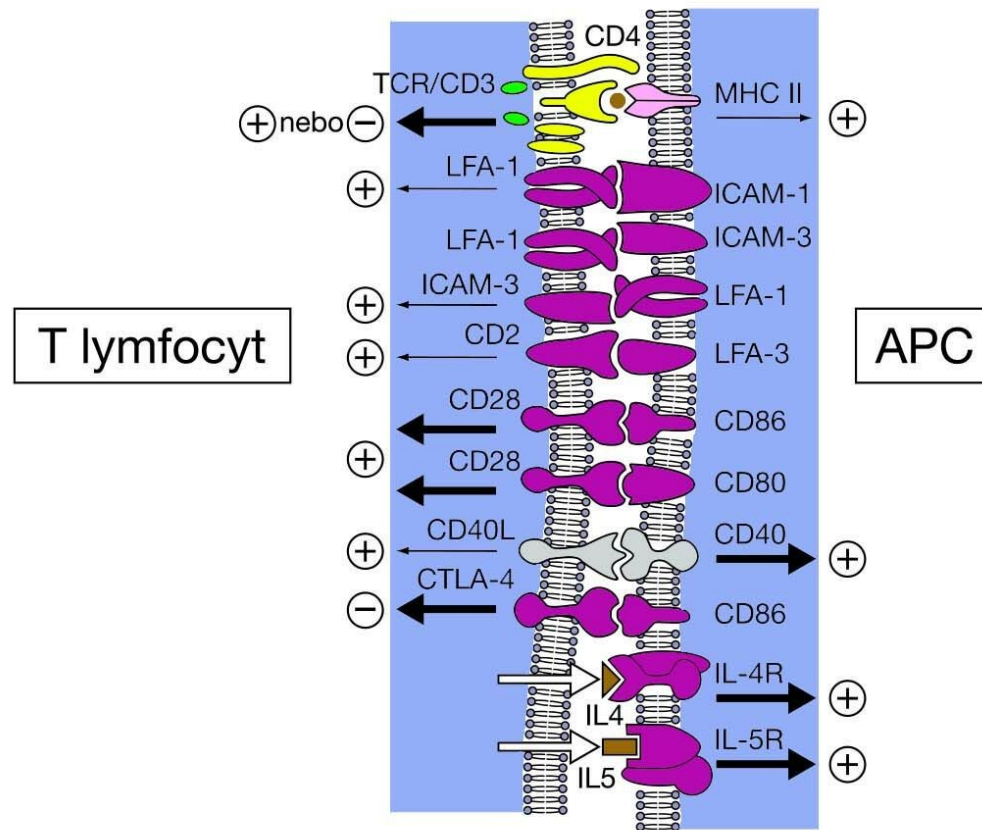
# Regulation of the immune response

- Interactions of the components of the immune system
- Characteristics of the stimulating antigen (PAMPs, T-dependent and T-independent antigens)
- Neuroendocrine interactions

# Regulation within the immune system

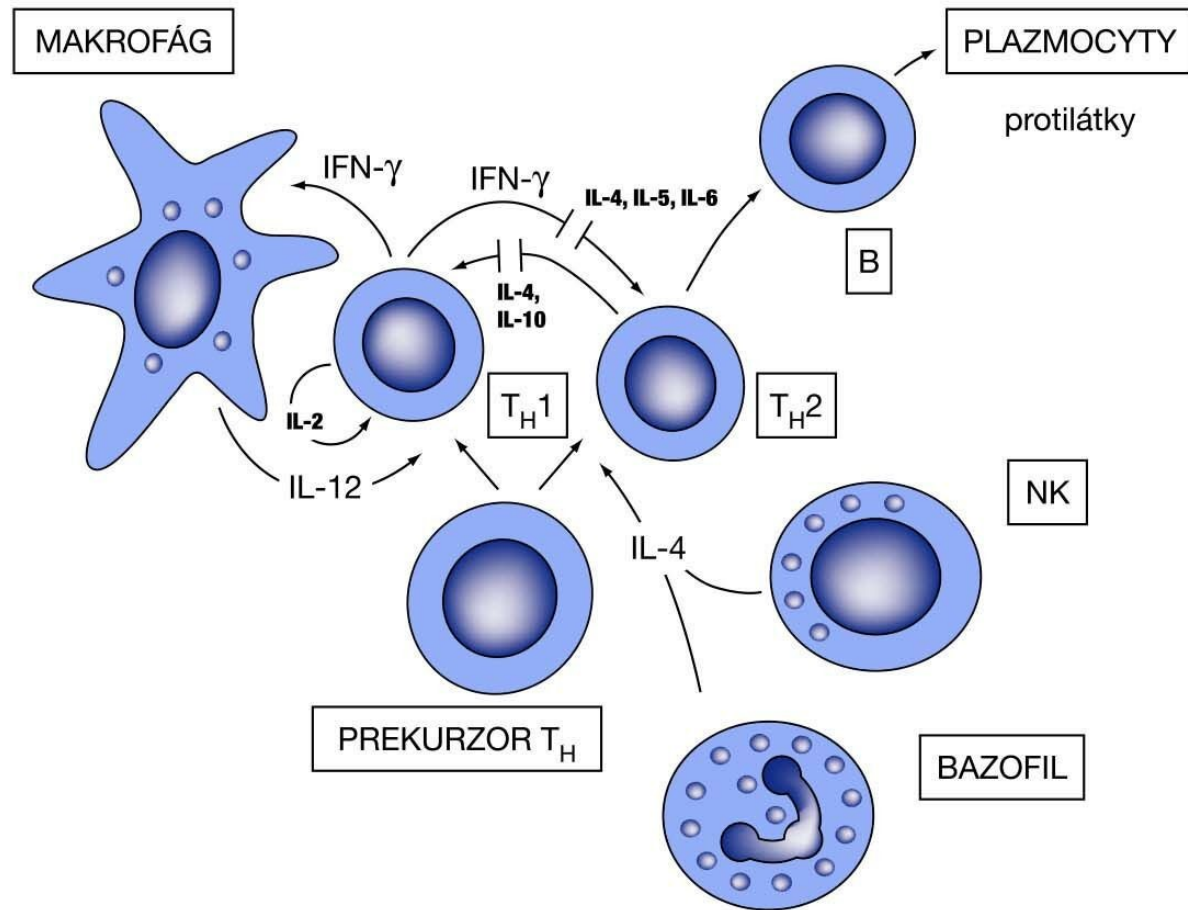
- Physical interactions among cells – through surface molecules transmitting positive or negative signals.
- Chemical signals – cytokines, regulation by antibodies (idiotype-antiidiotype interactions)

# Costimulatory molecules involved in the interaction between APC and T-lymphocyte



# Regulation by T-lymphocytes

- Relation between Th1 and Th2 cells
- Various types of regulatory cells



# Cytokines

- Mediators, „tissue hormones“, main regulators of the cells of the immune system.
- Produced mainly by the cells of the immune system, also the cells of the immune system predominate as the target cells.
- The effect on the target cell is based on the interaction with specific receptors.
- Usually short half-life
- Nomenclature:
  - IL-1 - IL-36 (?)
  - Historical names: interferons, TNF, CSF..



# Cytokines

- Usually produced by a broad range of cells, but some cells are usually „main producers“ of the concrete cytokine..
- Pleiotropic effect.
- Cytokine network is formed.
- A concrete cytokine may have both stimulatory and inhibitory effect, depending on the the interaction with other cytokines, concentration of the cytokine.....

# Interferons (IFN)

- Type I: IFN  $\alpha$ , IFN  $\beta$  : produced by the virus infected cells (fibroblasts, macrophages). In the target cells they inhibit viral replication.
- Type II „Immune“: IFN  $\gamma$ : produced by activated T<sub>H</sub>1 cells, causes activation of macrophages.

# Cytokines in pathogenesis of diseases

- Atopic diseases: IL-4 stimulates IgE production, IL-5 stimulates eosinophils production.
- Inflammatory diseases (rheumatic, Crohn's disease), systemic response in sepsis – various pro-inflammatory cytokines, TNF- $\alpha$  seems to be the most important.
- Immunodeficiency diseases may be caused by disturbed production of various cytokines (IFN $\gamma$ , IL-12), or defect of cytokine receptors.

# Therapeutic use of cytokines

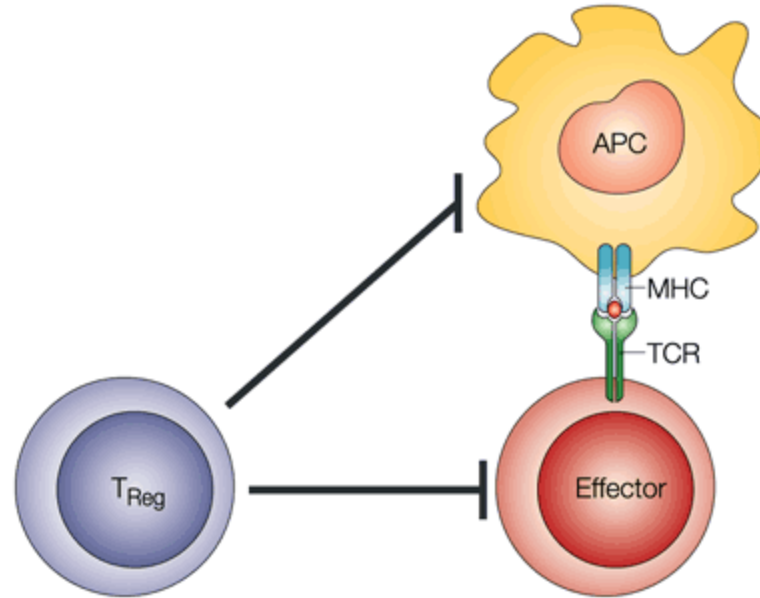
- IFN- $\alpha$ : anti-tumor treatment (malignancies of the lymphatic system, renal cancer, treatment of hepatitis B and C)
- IL-2- anti-tumor treatment
- GM-CSF – treatment of granulocytopenia
- IFN- $\beta$ : treatment of multiple sclerosis
- IFN- $\gamma$ : treatment of some immunodeficiencies

# Effects of cytokines

- Pro-inflammatory cytokines: IL-1, IL-6, TNF- $\alpha$ , IL-18
- Stimulation of macrophages: IFN- $\gamma$
- Stimulation of granulocytes: IL-8
- T-lymphocytes stimulation: IL-2
- B-lymphocytes stimulation, production of antibodies: IL-4, IL-5, IL-6,
- Progenitor cells proliferation: IL-3, GM-CSF, M-CSF
- Negative regulators: IL-10, IL-13, TGF- $\beta$

# T<sub>reg</sub> lymphocytes

- Separate subgroup of regulatory T-cells
- Thymic development, although the development in periphery was also documented.
- CD4+CD25+
- Suppress immune reaction against self-antigens
- 5-10% of peripheral CD4+ cells



**Benefits:**

- T-cell homeostasis
- prevents autoimmune disease
- tolerance after transplantation
- prevents GVHD
- prevents allergy
- prevents hypersensitivity

**Detrimental effects:**

- down-regulation of tumour immunity
- down-regulation of immunity to infection

# TR-1 lymphocytes

- Induced in periphery by antigen.
- CD4+
- Production of high levels of IL-10, IFN- $\gamma$ , TGF- $\beta$ , but not IL-2.
- Similar function have Th3 cells