# Identification and functional characterization of mPDCA-1 as a novel antigen-uptake receptor on murine plasmacytoid dendritic cells enabling (cross-) priming of naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells.

**INAUGURAL-DISSERTATION** 

zur

Erlangung des Doktorgrades

der Mathematisch-Naturwissenschaftlichen Fakultät

der Universität zu Köln

vorgelegt von

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Bergisch Gladbach, 2008

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#### ZUSAMMENFASSUNG

Plasmazytoide Dendritische Zellen (PDCs) repräsentieren eine Subpopulation Dendritischer Zellen und sind die Hauptproduzenten von Typ I Interferonen nach viraler oder mikrobieller Stimulation. Dadurch beeinflussen und verbinden sie die angeborene und adaptive Immunabwehr. Obwohl es immer mehr Anzeichen einer Beteiligung von PDCs an der Entstehung und Aufrechterhaltung von Autoimmunerkrankungen oder Krebs gibt, und ihnen auch eine Rolle bei der Induktion von Toleranz zugeschrieben wird, ist wenig über ihre exakte immunologische Funktion bekannt. Besonders ihre Rolle als Antigen-präsentierende Zellen bei der Induktion einer T-Zell-Antwort wird kontrovers diskutiert. Die funktionelle Charakterisierung von murinen PDCs wurde durch das Fehlen eines spezifischen Oberflächenrezeptors erschwert. PDCs wurden identifiziert anhand der Co-Expression von B220, Ly-6C, und CD11c.

In dieser Arbeit wurden verschiedene monoklonale Antikörper generiert, die alle ein Oberflächenantigen erkannten, das spezifisch auf PDCs in naïven Mäusen exprimiert war und das als "murines PDC Antigen 1" (mPDCA-1) bezeichnet wurde. Mithilfe differentieller Genexpressionsanalyse konnte gezeigt werden, daß die anti-mPDCA-1 Antikörper das "Bone marrow stromal antigen 2" (BST2) erkennen.

Weitere Experimente zeigten, daß Ligation des mPDCA-1 Rezeptors eine *Toll-like* Rezeptorinduzierte Produktion von Typ I Interferonen in PDCs inhibierte. Die Kreuzvernetzung des Rezeptors mit anti-mPDCA-1 Antikörpern resultierte in einer intrazellulären Kalzium-Mobilisierung sowie in einer allgemeinen Phosphorylierung von Proteintyrosinresten. Des Weiteren führte die Kreuzvernetzung sowohl *in vitro* als auch *in vivo* zu einer schnellen und effizienten Internalisierung des Rezeptor-Antikörperkomplexes.

Als nächstes wurde die potentielle Funktion des mPDCA-1 Moleküls als PDC-spezifischer Antigen-Aufnahmerezeptor untersucht. Da die Applikation des vollständigen anti-mPDCA-1 Antikörpers *in vivo* in Fc-vermittelter oder ADCC-abhängiger Depletion der PDCs resultierte, wurde Ovalbuminprotein kovalent an ein nichtdepletierendes F(ab')<sub>2</sub>-Fragment des anti-PDCA-1 Antikörpers konjugiert. Somit konnten PDCs spezifisch *in vitro* und *in vivo* angefärbt werden. Über mPDCA-1 aufgenommenes Antigen wurde prozessierte und auf Klasse I und II MHC-Molekülen präsentiert. Dabei waren PDCs in der Lage, naïve CD4<sup>+</sup> and CD8<sup>+</sup> T-Lymphozyten *in vitro* effizient zu *primen*. Sowohl das *Priming* als auch das *cross-priming* antigenspezifischer T-Zellen war abhängig von einer Aktivierung der PDCs, die mit einer verstärkten Expression costimulatorischer und MHC-Moleküle einherging. Dieser zusätzliche Stimulus schien auch die Antigenprozessierungs- und präsentationsmaschinerie zu aktivieren.

Letztlich wurde eine heterogene Expression des "Stem cell antigen 1" (Sca-1) auf PDCs beobachtet, die organabhängig variierte. Sca-1<sup>-</sup> PDCs erschienen früher in der Entwicklung der Zellen und produzierten mehr IFN $\alpha$  nach Stimulation. Aktivierte PDCs regulierten die Expression von Sca-1 hoch.

Zusammengefasst ist mPDCA-1 ein spezifischer Marker für die Identifizierung von PDCs. Die direkte Interaktion mit naïven T-Zellen unterstreicht die Rolle der PDCs in der Koordination von angeborener und adaptiver Immunantwort. Die Ergebnisse dieser Arbeit zeigen, daß PDCs ein viel versprechendes Ziel für die Entwicklung neuartiger Therapiemöglichkeiten und deren Untersuchung im Mausmodel sind, vor allem für die Behandlung von Tumor- oder Autoimmunerkrankungen, z.B. von SLE.

#### ABSTRACT

Plasmacytoid dendritic cells (PDCs) represent a distinct subset of dendritic cells in humans and mice. In the murine system PDCs were characterized by the co-expression of B220, Ly-6C, and CD11c. Due to their ability to produce large amounts of interferon (IFN)-alpha upon microbial challenge and due to their stimulatory capacity they are believed to link innate and adaptive immune responses. Although there is growing evidence of their contribution in the induction of anti-viral immune responses, autoimmune disorders and tolerance, less is known about their exact function. In particular their role as antigen-presenting cells in the induction of T cell responses is still controversially discussed.

In the present study, a panel of monoclonal antibodies (mAb) was generated, all recognizing a cell surface antigen specifically expressed on PDCs in naïve mice. The antigen was termed mPDCA-1. Differential gene expression analysis revealed that mPDCA-1 is identical to the bone marrow stromal antigen 2 (BST2). Triggering of mPDCA-1/BST2 with the mAb resulted in calcium mobilization and overall protein-tyrosine phosphorylation, which inhibited TLR-induced IFN-alpha production in PDCs. Cross-linking of mPDCA-1 also resulted in rapid internalization of the antibody-receptor complex *in vitro* and *in vivo*. Since the administration of the complete anti-mPDCA-1 mAb resulted in Fc-mediated or ADCC-dependent depletion of PDCs *in vivo*, Ovalbumin protein was covalently conjugated to a non-depleting anti-mPDCA-1-F(ab')<sub>2</sub> fragment. When targeted via mPDCA-1, antigens entered the MHC class I and II processing and presentation pathway and PDCs were shown to efficiently prime naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells *in vitro*. Interestingly, this process was dependent on stimulation of PDCs leading to the activation of their antigen processing and presentation machinery. In contrast, without activation PDCs failed to stimulate naïve T cells.

In summary, mPDCA-1/BST2 is a novel specific marker for PDCs in mice, influencing their innate and adaptive functions. Further experiments including the identification of the natural ligand of mPDCA-1/BST2 in mice will be needed for better understanding its *in vivo* function. The effect of IFN-alpha abrogation after mPDCA-1 triggering could be investigated in murine models of autoimmune disease (e.g. SLE) or in viral infections. Furthermore, targeting antigen via mPDCA-1 would be a promising system to study the role of PDCs in adaptive immunity including the initiation of cytotoxic T cell responses *in vivo*.

In the second part of the work, two subpopulations of PDC characterized by the differential expression of the stem cell antigen 1 (Sca-1) could be identified. Sca-1- PDCs produced large amounts of IFN-alpha after stimulation with TLR9 ligands, appeared earlier in the development and were predominantly present in the bone marrow. In contrast, Sca-1<sup>+</sup> PDCs were poor IFN-alpha producers, represented the majority of PDCs in the lymph nodes and seemed to develop from Sca-1<sup>-</sup> PDCs upon *in vitro* activation or adoptive transfer. Further work will be necessary to elucidate whether Sca-1 expression characterizes developmental/activation stages or two different subpopulations of PDCs.

VI

## ABBREVIATIONS

аа	Amino acid
Ab	antibody
ADCC	Antibody-dependent cell-mediated cytotoxicity
Ag	Antigen
APC	Antigen-presenting cell
APC	Allophycocyanin
BDCA	Blood dendritic cell antigen, e.g. BDCA-2, -3, -4
BM	Bone marrow
bp	Base pair
BrdU	5-bromo-2-desoxyuridin (thymidine analoge)
BSA	Bovine serum albumin
BST2	Bone marrow-stromal antigen 2
[Ca <sup>2+</sup> ] <sub>i</sub>	Intracellular calcium concentration
CD	Cluster of Differentiation
cDC	conventional (myeloid) dendritic cell
CCL	Chemokine (CC) motif ligand
CDS	Protein coding sequence
CLR	Ca <sup>+2</sup> -dependent lectin receptor
CLSM	Confocal laser scanning microscopy
CpG ODNs	Cytosine-phosphate-guanine oligodeoxynucleotides
CRM	cysteine-rich motifs
CTL	Cytotoxic T lymphocyte
DAMP	Danger-associated molecular pattern
DC	Dendritic cell
DCIR	DC Immunoreceptor
DC-SIGN	Dendritic Cell-specific Intercellular Adhesion Molecule 3 (ICAM-3)-grabbing
	Nonintegrin (CD209)
Dectin-1/-2	DC-associated C type lectin 1 and 2
dH <sub>2</sub> 0	Deionized water
DNA	Deoxyribonucleic acid
ds RNA	Double-stranded ribonucleic acid
EEA-1	Early endosomes antigen 1
ELISA	Enzyme-linked immunosorbent assay
ER	Endoplasmic reticulum
F(ab') <sub>2</sub>	Fragment antigen binding region, based on two combined Fab domains, each
	composed of the variable and constant region of light and heavy chain (only
	CH <sub>1</sub> )
FACS	Flow cytometric cell sorting

Fc	Fragment crystallizable region of an antibody, constant part, based on the $CH_2$
	and $CH_3$ domain of the heavy chain
FCS	Fetal calv serum
FITC	Fluorescein isothiocyanate
FLT-3L (FL)	FMS-related tyrosine kinase 3 ligand
Foxp3	Forkhead box p3
FSC	Forward scatter
GITR	Glucocorticoid-induced tumor necrosis factor receptor
GOC	Gene ontology clustering
HA	Hemagglutinin
HEV	High endothelial venule
HRP	Horseradish peroxidase
HSV	Herpex simplex virus
i.p.	Intraperitoneally
i.v.	Intravenously
ICOS	Inducible T cell costimulator
IDO	Indoleamine 2,3-dioxygenase
IFN	Interferon
IFN-I	Type I interferon
lg	Immunoglobulin
imDC	Immature DC
IKK	Inhibitor of NF-kB kinase
IL	Interleukin
IP10	IFN-inducible 10kDa protein
ITAM/ITIM	Immunoreceptor tyrosine-based activation/inhibitory motif
IPC	Interferon-producing cells (syn. PDC)
IRAK1/4	IL1-receptor-associated kinase 1/4
IRF	Interferon regulatory factor
LCMV	Lymphocytic choriomeningitis virus
LN	Lymph node
LPS	Lipopolysaccharide
LRR	Leucine rich repeat
mAb	Monoclonal antibody
mar mAb	Mouse anti-rat mAb
MACS	Magnetic cell separation
MB	MIcrobead
MCMV	Murine cytomegalovirus
MHC	Major histocompatibility complex
MFI	Mean fluorescence intensity
MIP	Macrophage inflammatory protein

MMR	Macrophage mannose receptor
Mock control	Cells transfected with empty vector (without gene of interest)
mPDCA-1	Mouse plasmacytoid dendritic cell antigen 1
MPG1	Macrophage specific gene 1 (syn. MSP1, MPEG1)
MyD88	Myeloid differentiation primary-response protein 88
NEMO	NF-kB essential modulator
NF-kB	Nuclear factor-kappa B
NK cell	Natural killer cell
ODN	Oligodeoxynucleotide
ORF	Open readding frame
OVA	Ovalbumin (Hen egg white protein)
pAb	Polyclonal antibody
PAGE	Polyacryl-amide gel electrophoresis
PAMP	Pathogen-associated molecular pattern
PBMC	Peripheral blood mononuclear cells
PBS	Phosphate buffered saline
PCR	Polymerase chain reaction
PDC	Plasmacytoid dendritic cell
PD-1L	Programmed cell death receptor 1 ligand
PE	R-phycoerythin
PerCP	Peridinin chlorophyll (A) protein
PIQOR	Parallel Identification and quantification of RNA
PMA	Phorbol-12-myristate-13-acetate
PMF	Peptide mass fingerprinting (phorbol ester)
PRR	Pattern recognition receptor
PVDF	Polyvinylidene Fluoride
ram mAb	rat anti-mouse mAb
RPMI	Rosewell Park Memorial Institute Medium
RSV	Respiratory syncytial virus
RT	Room temperature
RT-PCR	Reverse transcriptase PCR
S.C.	Subcutaneous
SDS	Sodium dodecyl sulfate
SEM	Standard error of measurement or mean
Siglec-H	Sialic acid binding Ig-like lectin H
SLE	Systemic lupus erythematosus
SSC	Side scatter
ss RNA	single-stranded ribonucleic acid
STAT-1	Signal transducer and activator of transcription-1
TAP	Transporters associated with antigen processing

Tcm	Central memory T cell
TCR	T cell receptor
Tem	Effector memory T cell
TGF	Transforming growth factor beta
Т <sub>н</sub>	T helper cell
TIL	Tumor infiltrating lymphocyte
TIR	Toll/IL-1R
TLR	Toll-like receptor
TMD	Trans-membrane domain
TNF	Tumor necrosis factor
Th	T helper cell type
Tr1/reg	Regulatory T cell
TRAF	Tumor necrosis factor receptor-associated factor
TRIS	Tris(hydroxymethyl)aminomethane
UTR	Untranslated region

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#### 1. INTRODUCTION

#### 1.1 The immune system

The invasion of pathogens (bacteria, viruses, parasites) influences the organism, often leading to the development of diseases and, finally, to its death. To counter and neutralize the multitude of pathogens the organism is confronted with constantly, the immune system developed different strategies. In vertebrates, and in particular in mammals, the immune system can be divided into the innate and the adaptive arm. The innate response works as the first line defense against various pathogens. The adaptive or acquired immune response is acting slower but builds up a specific response that clears the infection and offers the advantage of an immunological memory. This principle of a dual immune system in vertebrates has been evolutionary established and strengthens the immunological protection [Lo D, Immunol Rev 1999; Medzhitov R, Nature 2007].

The innate immune system comprises both cells and mechanisms that defend the host from pathogenic infections. Components of this system are physiological barriers, such as the skin, mucosa and the epithelium, that prevent the encounter, or the low gastric pH that inactivates invading microbes as well as the complement system. On the other cellular level a multitude of specialized cells recognize and respond to invading pathogens before they are able to replicate and cause serious damage to the host [Reis e Sousa C, Immunity 2001; Medzhitov R, Nat Rev Immunol 2000]. These inflammatory reactions include the activation of the complement cascade, which leads to the clearance of opsonized cells as well as the recruitment of immune cells to sites of infection, through the production of mediators, such as cytokines and chemokines secreted by mast cells and other cells of the innate immune system. Upon pathogen encounter the granulocyte family and NK cells produce toxic proteins (such as perforins or granzymes) that kill target cells (i.e. infected or tumor cells) by induction of apoptosis [Grundy MA, Cancer Immunol Immunother. 2007; Veugelers K, Mol Biol Cell. 2005]. So-called phagocytes, mainly macrophages, can ingest and thus remove foreign or degenerated cells [Ljunggren HG, Immunol Today 1990; Smyth MJ, Nat Rev Cancer 2002; Medzhitov R, Immunol Rev 2000/Semin Immunol. 2000].

Whereas the innate immune system becomes activated upon recognition of few, highly conserved pathogen structures, adaptive immunity is able to detect an almost unlimited number of structures. This diversity is based on the recombination of antigen receptor gene segments, generating a large number of lymphocytes each equipped with a unique antigen recognition receptor. The major effector cells of the adaptive immune system are T and B lymphocytes, initiating cellular (cytotoxic T cells) and/or humoral (B cells/plasma cells) responses in an antigen-specific manner [Medzhitov R, Seminar Immunol 1998].

B cells can take up antigens directly via cell-surface bound immunoglobulin molecules (the B cell receptor). After uptake, B cells also process and present antigens on MHC-II molecules. MHC-II-peptide complexes presented by B cells can be recognized by antigen specific T helper cells, which in turn provide a co-stimulatory signal to B cells via CD40-CD40L interaction. This T

cell feedback is necessary for the efficient activation of naïve B cells leading to clonal proliferation and further differentiation into effector plasma cells or long-lived memory B cells. A characteristic B cell response results in the production of antibodies by plasma cells recognizing specifically the pathogen-derived structures. Binding of the antigen by an antibody may result in opsonization and neutralization of toxins and pathogens or in the activation of the complement cascade. Remaining memory B cells as well as persisting antibodies in the serum are part of the immunological memory. These factors provide an immediate and strong response against the same antigen upon new encounter and due to somatic mutation usually demonstrate higher affinities after repeated infections.

Whereas B cells are able to sense native antigen via the B cell receptor, T cells can recognize only short peptides in the context of MHC molecules on specialized antigen-presenting cells (APC) [Romani N, Res Immunol 1989; Germain RN, Cell 1994; Brown MG, JI 1993; Carbone FR, Cold. Spring Harb. Symp. Quant Biol 1989]. APCs comprise of macrophages, monocytes, B cells and Dendritic Cells (DCs). These cell types and in particular the DCs are characterized by a continuous uptake and processing of antigens from the environment. Peptides originating from endogenous proteins (e.g after virus infection) are loaded onto MHC class I molecules and presented to CD8<sup>+</sup> T cells. Endocytosed antigens are primarily loaded onto MHC II molecules to be presented to CD4<sup>+</sup> T cells [Janeway C, Cold Spring Harb Symp Quant Biol 1989; Wang RF, Trends Immunol 2001].

The activation of T lymphocytes is a complex process. The T cell receptor (TCR) recognizes a distinct antigenic peptide in the context of MHC molecules on the surface of an APC. For sufficient activation, naïve T cells further need an additional activation signal, provided by costimulatory molecules (e.g. CD80, CD86) highly upregulated on activated DCs. When activated, CD8<sup>+</sup> T cells differentiate into cytotoxic T cells (CTLs) that lyse tumor or virus-infected target cells [Barry M and Bleackley RC, Nat Rev Immunol 2002]. On the other hand, differentiated CD4<sup>+</sup> T<sub>H</sub> cells support and influence the development of other lymphocytes (such as B cells and CD8<sup>+</sup> T cells) towards effector cells through the secretion of certain sets of cytokines. Beside the presentation of immunogenic peptides and T cell activation, DCs are important to mediate a "third signal". Depending on the stimulus provided by the pathogen, DCs secrete distinct cytokines, which in turn influence the type of T cell response, the so-called "T helper cell polarization" [O'Garra A, Curr Opin Immunol 1994; Kalinski P, Immunol Today 1999a]. In analogy to B cells, also T cells develop a memory compartment.

The benefit of adaptive immunity lies in the large diversity of antigen-specific responses. By combinatory diversity and junctional recombination processes the B cell receptor repertoire can generate theoretically up to 10<sup>11</sup> different immunoglobulins and this number is further expanded by somatic hypermutation [Weigert M, Nature 1980]. The variability of the TCR repertoire is also created by gene rearrangements and different combinatory recombination whereas no somatic hypermutation occurred [Zheng B, Nature 1994]. Another advantage is based on the generation of an immunological memory, which provides a faster and more effective response in case of a

secondary exposure to the pathogen. For the optimal induction of adaptive immune response, APCs, and in particular DCs, have an important function. These cells not only sense, take up, and process microbial structures, but also activate T cells and induce the differentiation of naïve lymphocytes to effector cells [Guermonprez P, Annu Rev Immunol 2002; Banchereau J and Steinman RM, Nature 1998]. Finally, they recruit other cells of both the innate and adaptive immune system to the site of infection and thus are crucial for the induction of immunity. Depending on the origin and status of the cells as well as on the type of pathogen either cellular or humoral immunity but also anergy (tolerance) can be initiated.

#### **1.2 Dendritic Cells**

Dendritic cells have been first described in the early 1970s by Ralph Steinman and Zanvil Cohn. These BM-derived immune cells showed a dendritic morphology characterized by protrusions of the plasma membrane, and were able to activate naïve T cells [Steinman RM + Cohn ZA, JEM 1973]. DCs represent not a homogeneous population but rather consist of different subsets, which develop continuously from CD34<sup>+</sup> hematopoietic stem cells and migrate through the circulation into peripheral tissues. DC subpopulations differ in phenotype, life span, tissue localization, and immunological function [Shortman K and Liu YJ, Nat Rev Immunol 2002; Naik SH, Nat Immunol 2007; Shortman K, Nat Rev Immunol 2007].

Resident DCs from peripheral tissues typically demonstrate an immature phenotype, characterized by low expression of MHC and co-stimulatory molecules. In this immature stage DCs show a high endocytotic activity, and constantly scan their environment by taking up antigens via different mechanisms, including macropinocytosis and phagocytosis (nonspecific uptake of extracellular fluid and particles, respectively) or receptor-mediated endocytosis. DCs express a variety of receptors, which have been shown to be involved in antigen uptake, such as Calcium-dependent lectin receptors (CLRs) [Brown GD, Nat Rev Immunol, 2006], Toll-like receptors (TLRs) or Fc receptors [Figdor CG, Nat. Rev. Immunol 2002]. CLRs and TLRs belong to the family of pathogen-recognition receptors (PRRs), which recognize highly conserved pathogenic structures on Gram-positive and negative bacteria, viruses, fungi or protozoan parasites that are naturally absent in the host [Akira S, Nat Rev Immunol 2004; Matzinger P, Science 2002; Janeway CA, Jr. Cold Spring Harb Symp Quant Biol. 1989; Galiana-Arnoux D, Tissue Antigens 2006]. These receptors enable DCs to identify Danger- and Pathogen associated molecular patterns (DAMPs and PAMPs). Ligation of PRRs not only leads to the uptake of the given antigen, but also can induce maturation processes. Once maturation has been initiated DCs stop the antigen uptake and migrate to secondary lymphoid organs (draining lymph nodes (LNs) or spleen) [Banchereau J and Steinman RM, Nature 1998; Janeway C and Travers P, Garland Publishing 2001]. During this passage, activated DCs undergo a number of phenotypical and functional changes including the loss of their endocytic/phagocytic capacity, the up-regulation of cell-adhesion and co-stimulatory molecules as well as an increase of the processing and presentation activity. The latter is mainly mediated by the recruitment of MHC

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molecules to the antigen processing compartments (lysosomes) and a significant increase of the half-life of peptide-MHC complexes on the cell surface. [Banchereau J, Nature 1998]. Thus, upon activation, DCs are phenotypically characterized by high expression level of MHC, cell adhesion and co-stimulatory molecules (e.g. ICAM1, LFA3, CD40, and in particular the B7 family). These molecules mediate the so-called immunological synapse between DCs and T cells, which is necessary for the efficient activation of the latter [Cella M, JEM 1996]. The activation of naïve T cells depends on - at least - two signals: a first signal is provided by the recognition of the specific MHC/peptide complex via the TCR, the second signal is mediated through the interaction of co-stimulatory receptors (CD80 and CD86) on the APC side with the appropriate ligand (CD28) on T cells. Without the co-stimulatory signal the response of naïve T cells results in anergy or apoptosis [Kuwana M, Hum Immunol 2002]. Since immature APCs continuously present autoantigens in the periphery, this mechanism prevents the activation of autoreactive T cells and the development of autoimmune responses.

For loading of MHC-I and -II molecules different processing pathways are known. After uptake, exogenous proteins are transported to endosomes and later to lysosomes. Upon acidification, lysosomal proteases degrade the proteins to smaller peptides. MHC II molecules, which are exclusively present on APCs [Wang RF, Trends Immunol 2001], are produced in the Endoplasmatic reticulum (ER) and transported to MHC-II–rich compartments (MIIC), which fuse with lysosomes upon activation. Within this fusion compartment the loading of MHC-II molecules with appropriate, so-called immunocompetent peptides takes place [Wang RF, Trends Immunol 2001].

In contrast, endogenous proteins are ubiquitinated and degraded into peptides within the proteasome. Generated peptides are then transported to the ER via TAP proteins and loaded onto MHC-I molecules for transport to the cell surface via the Golgi apparatus [York IA, Annul Rev Immunol 1996; Tong JC, Protein Science 2004]. While immature dendritic cells and other APCs express the classical proteasome and also a special "immuno-proteasome", mature dendritic cells express the latter one, which might be more competent for antigen presentation since its cleavage patterns yield in peptides that bind efficiently to MHC-I molecules [Macagno A, EJI 1999; Van den Eynde BJ, Curr Opin Immunol 2001].

Beside the classical route describing, that peptides from exogenous proteins are presented on MHC class II molecules, several reports demonstrated that they could also be presented by MHC-I molecules [Brode S, Immunology 2004]. This mechanism is referred to as "cross-presentation" [Amigorena S, Nat Immunol 2003; Roy CR, Nature 2003; Heath WR, Nat Rev Immunol 2001; Groothuis TA, JEM 2005] and may play an important role in the priming of virus-and tumor-specific CD8<sup>+</sup> T cells.

An overview of the processing pathway of both endogenous and antigens is given in Fig.1.1.



**Fig.1.1 Professional antigen-presenting cells process intracellular and extracellular pathogens differently.** *Modified after Roy CR, Nature 2003.* 

The mechanism of cross-presentation is poorly understood and can be explained by several models. By the "canonical model" exogenous proteins "escape" or are translocated from the endosome and are proteasomally degraded. Resulting peptides gain access to the endoplasmatic reticulum (ER) via the TAP complex and MHC molecules are loaded and transported to the cell surface [Lin ML, Immunol Cell Biol 2008]. In a revised model it has been demonstrated that phagosomes in particular in APCs fuse with the ER membrane. Here, specialized transporter proteins translocated the phagocytosed antigen into the cytosol for degradation. There the ubiquitination and degradation takes place, and in turn the peptides are transported to the lumen of the phagosome via TAP for MHC I loading. This mechanism differs from the first pathway described above since MHC loading occurs in the phagosome and not in the ER. A third mechanism proposed that proteins endocytosed by specific receptors (e.g. the Mannose receptor) are targeted to stable early endosomes for cross-presentation [Burgdorf S, Science 2007; Trombetta ES and Mellman I, Annu Rev Immunol 2005; Ramirez MC and Sigal LJ, Trends Microbiol 2004; *reviewed in* Kasturi SP, Nat Immmunol 2008].

Based on their capacity to process and present exogenous antigens, DCs play a central role in the activation of antigen-specific responses. DCs contribute to the induction of adaptive immunity not only by their APC function but produce a variety of cytokines [Steinman RM Annu Rev Immunol 1991; Banchereau J, Annu Rev Immunol 2000]. Hereby the kind of pathogen or stimulus influences the DC and balances the cytokine production towards a cellular or humoral response. Pro-inflammatory cytokines such as IL-12, which induce a strong cellular ( $T_H1$ ) response, are mainly induced after contact with viruses or intracellular bacteria [Hochrein H, JI 2001; Cella M, JEM 1996; Koch F, JEM 1996]. The absence of IL-12 as well as the presence of

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anti-inflammatory molecules such as IL-10, TGF- $\beta$ , PGE-2, corticosteroids and also IL-4 favorite a humoral (T<sub>H</sub>2) immune reaction [Liu Y-J, Cell 2001; Kapsenberg ML, Nat Rev Immunol 2003]. DCs seem to play also a role in the induction of regulatory T cells and so-called T<sub>H</sub>17 cells. T<sub>H</sub>17 cells are critical for local inflammation and amplification of inflammatory responses and mediating autoimmune diseases in mice. The commitment of these T<sub>H</sub> subsets is induced by cytokines like TGF $\beta$  and IL-10 (Tregs), or Treg-derived TGF $\beta$  and DC-derived IL-6, whereas IL-23 is important for the expansion and maintenance of T<sub>H</sub>17 cells [Reiner SL, Science 2007; *reviewed by* Afzali B, Clin Exp Immunol. 2007; Steinman L, Nat Med 2007]. Interestingly, naïve T cells develop into Tregs or T<sub>H</sub>17 cells in a mutually exclusive process. The relative flexibility of DC subpopulations in their cytokine production might be based on the differential expression of PRRs by different DC subsets [Backer R, EJI 2008; Iwasaki A, Nat Immunol 2004; Schnorrer P, PNAS 2006; Dudziak D, Science 2007; den Haan JM, JEM 2000]. DC-secreted cytokines influence not only the polarization of T helper cells, but also B cells, macrophages, and NK cells, thereby mainly determing the type of immune response.

As mentioned before, DCs are not a homogeneous population and in the human and murine system several subsets are described that share the ability to process and present antigens to naïve T cells for the initiation of an adaptive immune response. Depending on their differential expression of several cell surface receptors (e.g. TLRs, CLRs) each DC subtype is specialized to respond to certain pathogens and induce distinct immune responses [Steinman RM, Annu Rev Immunol, 1991; Shortman K and YJ Liu, Nat Rev Immunol, 2002].

In the human system different types of DCs can be classified according to origin, function or anatomical localization. Most DC research in humans was focused on blood-derived DCs. These cells are characterized by the expression of MHC-II and the absence of linage markers such as CD3, CD14, CD19, and CD56. Phenotypical analysis has demonstrated that human DCs can be further divided into three subpopulations: CD11c<sup>+</sup> CD1c<sup>+</sup> CD123<sup>low</sup> myeloid DCs, a minor CD11c<sup>dim</sup> CD1c<sup>-</sup> CD123<sup>-</sup> CD141<sup>+</sup> (BDCA-3<sup>+</sup>) myeloid population, and the lymphoid or Plasmacytoid DCs (PDCs). The latter are CD11c<sup>-</sup> CD1c3<sup>+</sup> (IL-3Rα) and specifically express CD303 (BDCA-2) and CD304 (BDCA-4/Neuropillin-1) [Dzionek A, JI 2000; Liu Y-J, Cell 2001; Banchereau J, Annu Rev Immunol 2000].

In mice, several DC subsets are described in the steady-state, which all have been identified by the expression of the CD11c antigen (integrin  $\alpha_x$  chain) [Shortman K, Nat Rev Immunol 2002]. Beside DCs localized in the periphery such as dermal DCs, the epidermis-resident Langerhans' cells [Romani N, J Inv Dermatol 1989], or interstitial DCs of non-lymphoid organs, the main focus has been made on DC subsets in lymphoid organs. In spleen "conventional" dendritic cells (cDCs) [Henri S, JI 2001] and PDCs have been found. The conventional DCs are subdivided according to their expression pattern of the CD11b antigen (integrin  $\alpha_{M}$ ,), the correceptors CD4 and CD8, as well as the C-type lectin receptor DEC205 (CD205). By doing so three cDC subpopulations can be identified: CD8 $\alpha^+$  CD11b<sup>-</sup> DEC205<sup>+</sup> DCs (25%) and CD8 $\alpha^-$  CD11b<sup>+</sup> DEC205<sup>-</sup> (75%), with the latter further divided into a CD4<sup>-</sup> and CD4<sup>+</sup> subset [Shortman

K, Immunol Cell Biol 2000]. Some reports demonstrated that the single DC subsets develop from both common lymphoid and myeloid progenitors [Wu L, Blood 2001; Karsunky H, Exp Hematol 2005; del Hoyo GM, Nature 2002]. Historically, the CD8 $\alpha^+$  DCs were supposed to be of lymphoid origin, whereas the CD8 $\alpha^-$  subset was described to be of myeloid origin [Liu YJ, Cell 2001]. Compared to conventional DCs, the phenotype of PDCs is clearly different as this cell type is characterized by high expression of B220 but only intermediate levels of CD11c and the absence of CD11b. Compared to human PDCs, the murine counterpart does not express the IL-3R $\alpha$  chain. A known functional difference to other DC subsets is the lower antigen uptake and presentation activity of PDCs.

PDCs secrete less IL-12 compared to other DC subsets but produce extraordinary amounts of type I interferons (IFN-I). Based on this main characteristic, PDCs are also named Interferon producing cells (IPCs) and are supposed to play a central role in the induction of anti-viral or anti-microbial immune responses [Kadowaki N, JEM 2000; Krug A, EJI 2001a+b]. INF-Is can be produced by a multitude of cell types upon viral infection, for example monocytes, macrophages, NK cells, fibroblasts, dendritic cells, and in particular PDCs [De Maeyer E, Int Rev Immunol 1998; Siegal FP, Science 1999]. This specialized DC subset can produce up to 1,000-fold more IFN-I [as much as 3-10 pg of IFN $\alpha$  per cell] upon viral or microbial stimulation [De Maeyer E, Int Rev Immunol 1998; Cella M, Nat Med 1999; Asselin-Paturel C, Nat Immunol 2001; Siegal FP, Science 1999; Pestka S, Annu Rev Biochem 1987; Samuel CE, Clin Microbiol Rev 2001; Fitzgerald-Bocarsly P, Cytokine Growth Factor Rev]. Therefore, they are regarded as the major producers of these cytokines. By the secretion of IFN-Is, PDCs inhibit the virus replication and induce the apoptosis of virus-infected cells [Pestka S, Immunol Rev 2004] but can also initiate immune responses by orchestration of other leukocytes. IFN-I production by PDCs is typically induced in response to infectious agents, including viruses, bacteria, protozoa, or different mitogens. The response can be mimicked by synthetic TLR agonist, e.g. doublestranded RNA (TLR7) or unmethylated, CpG-containing DNA motifs (TLR9) both in vitro and in vivo [De Maeyer E, Int Rev Immunol 1998].

#### 1.3 Plasmacytoid Dendritic Cells

In lymphoid organs of mice or humans PDCs represent approximately 0.1% to 1.5% of mononuclear cells. PDCs were originally described as "T cell-associated plasma cells" or "plasmacytoid T cells" [Lennert K, Acta Haematol 1958; Lennert K, Lancet 1975], because of their close proximity to T cells and their plasma-cell like morphology. Their interferon production capacity has been reported later as well as their DC characteristic [Trinchieri G, JEM 1978a+b; Grouard G, JEM 1997]. In 1999, human PDCs have been phenotypically characterized as  $CD11c^{-}$  CD123<sup>+</sup> (IL-3R $\alpha$ ) CD4<sup>+</sup> CD45RA<sup>+</sup> ILT3<sup>+</sup> cells with an immature phenotype [Siegal FP, Science 1999; Cella M, Nat Med 1999]. It was demonstrated that the maturation of PDCs and the formation of the classical dendrite-like morphology could be induced by CD40 triggering [Grouard G, JEM 1997; O'Doherty U, Immunology 1994]. BDCA-2 and BCDA-4 were identified as specific cell surface receptors for PDCs [Dzionek A, JI 2000]. Recently it has been

demonstrated that the Immunoglobulin-like transcript (ILT) 7 is also selectively expressed in human PDCs [Cao W, JEM 2006].

The murine counterpart of PDCs has been searched for a long time; finally in 2001, three independent groups identified (natural) interferon-producing cells in several lymphoid organs of mice, which showed similar phenotype, function, and morphology [Nakano H, JEM 2001; Asselin-Paturel C, Nat Immunol 2001; Björck P, Blood 2001]. In contrast to human PDCs, murine PDCs are defined by the simultaneous expression of B220 (CD45R), Ly-6C, and CD11c, whereas BDCA-2 and -4 were not expressed. The intermediate expression level of CD11c and lack of CD11b further distinguishes them from cDCs. Also the expression level and recycling pattern of MHC-II is differentially regulated, as PDCs use a different promoter (C2ta pIII) for the transcription of the MHC class II transactivator (CIITA) compared to cDCs [LeibundGut-Landmann S, Nat Immunol 2004]. A different equipment of PRRs further reflects the functional differences to conventional DCs. Whereas cDCs express TLRs 2, 3, 4, 7, and 9, PDCs only express TLRs 7 and 9, underlining their strong responsiveness to viral or bacterial derived nucleic acids [lwasaki A, Nat Immunol 2004; Takeda K, Annu Rev Immunol 2003; Edwards AD, EJI 2003; Krug A, Blood 2004; Heil F, Science 2004; Diebold SS Science 2004; Lund JM, PNAS 2004]. PDCs also lack characteristic CLRs, such as CD205 (DEC205), CD209 (DC-SIGN/CIRE), or Dectin-1 and -2, which are expressed on conventional DCs [Figdor CG, Nat Rev Immunol 2002; Proietto AI, Immunobiology 2004; Meyer-Wentrup F, Blood 2008; Caminischi I, Mol. Immunol 2001].

It has been shown that PDCs like other DCs develop from BM progenitors and continuously migrate to lymphoid organs via the blood stream [O'Keeffe M, JEM 2003] residing there at an immature stage. Several growth or transcription factors are crucial for the development of PDCs. FLT-3L, the Interferon  $\alpha/\beta$  consensus sequence-binding protein (ICSBP) and IKAROS are involved in the regulation of PDC development [Chen W, Blood 2004; Gilliet M, JEM 2002; Brawand P, JI 2002; Schiavoni G, JEM 2002; Allman D, Blood 2006]. Although, it has been hypothesized that PDCs can originate from both common lymphoid and myeloid progenitors [Yang GX, JI 2005; D'Amico A, JEM 2003; Shigematsu H, Immunity 2004; Karsunky H, Exp. Hematol 2005; Naik SH, Immunol Cell Biol. 2005], the direct progenitor for mouse PDCs has been identified very recently. CD31<sup>high</sup> Ly6C<sup>-</sup> BM cells were found to develop into cells that show the typical plasmacytoid morphology, express a PDC-characteristic phenotype and produce high IFN-I amounts after TLR stimulation [Kreisel FH, Cell Immunol 2006].

In steady state PDCs circulate in low numbers in the blood stream or in lymphoid tissues [Nakano H, JEM 2001; Asselin-Paturel C, JI 2003]. PDCs migrate constantly from the blood and entry LNs via High Endothelial Venules (HEV) in a CXCL9- and L-selectin-dependent mechanism [Yoneyama H, Int Immunol 2004; Nakano H, JEM 2001]. In secondary lymphoid organs, PDCs are found in the marginal zone (spleen) or paracortex (LNs) as well as the T cell area [Asselin-Paturel C, Nat Immunol 2003; Blasius A, Blood 2004; Nakano H, JEM 2001].

Upon sensing pathogens peripheral PDCs upregulate co-stimulatory and MHC molecules. They accumulate in inflamed tissues and in particular in LNs draining the sites of inflammation where they orchestrate other leukocytes [Cella M, Nat Med 1999; Blasius AL, Blood 2004; Dicaovo TG, JEM 2005; Yoneyama H, Int Immunol 2004; Palamara F, JI 2004; Liu C, Journal Clin Inv 2008].

The role of PDCs in viral or microbial infections and other diseases such as melanoma cancer has been excessively investigated. It has been demonstrated that PDCs are required for protection against lethal herpes-simplex virus (HSV) infection [Shen H, J Clin Invest. 2006] and enhances antiviral responses against respiratory-syncytial virus (RSV) [Smit JJ, PLoS ONE 2008], mainly by IFN-I production. Although the PDC population expands after viral infections and they are the major producers of anti-replicative IFN-I, their numbers are often decreased in peripheral blood, e.g. in human immunodeficiency virus (HIV) and Hepatitis infection [Duan XZ. J Clin Immunol 2004; Soumelis V, Blood 2001; Ulsenheimer A, Hepatology 2005]. As this effect is accompanied with an increased viral load, these reduced PDCs frequencies correlate with a poor prognosis for the patients. An explanation for these decreased frequencies of PDCs in peripheral blood might be the extravasation into inflamed tissues such as lung e.g. during a respiratory infection. In case of AIDS/HIV, PDC numbers are reduced as these cells obviously reflect a target of the virus. Not only in viral infections but also in autoimmune diseases, such as systemic lupus erythematosus (SLE) or psoriasis, the decrease of blood PDCs is associated with the progression of the disease. The reduced PDC numbers in the blood of SLE or psoriasis patients correlate with the accumulation of these cells in inflamed tissues and the skin [Cederblad B, J. Autoimmun 1998; Farkas L, Am J Pathol 2001; Blomberg S, Lupus 2001]. PDCs are also linked with the outcome of further pathological situations and in particular with the outcome of tumors as PDCs and IFN-I have an important but ambiguous function [Dunn GP, Nat Rev Immunol 2006]. In the absence of an appropriate stimulus PDCs may promote regulatory T cells and contribute to an impaired T-cell-mediated immune response against tumors correlating with worse outcome of the disease [Hartmann E, Cancer Res 2003; Vermi W, J Pathol 2003]. In breast cancer and ovarian epithelial cell carcinoma, large numbers of infiltrating PDCs have been detected, but they rather induced regulatory T cells than immunity [Treilleux I, Clin Cancer Res. 2004; Zou W Nat Med 2001; Munn DH, J Clin Invest 2004]. Thus, the presence of these tolerogenic PDCs correlates with a negative prognosis. On the other hand, activated PDCs are promoting and supporting anti-tumor responses and are currently investigated in therapeutical approaches. It has been mentioned before that PDCs infiltrate inflamed tissues and tumors. Upon TLR7 activation, both human and mouse PDCs have been shown to massively infiltrate skin melanomas resulting in efficient tumor reduction [Palamara F, JI 2004; Stary G, JEM 2007]. TLR9-activated murine PDCs have been shown to have a beneficial impact for the treatment of cancer [Krieg AM, Oncogene 2008; Liu C, J Clin Inv 2008] as they synergistically act with other DCs or NK cells to induce anti-tumor responses as mentioned above. This and above studies suggest PDCs as an attractive target for cell-based

vaccination and immunotherapy against virus infections and tumor treatment.

PDCs are also associated with the emergence of autoimmune diseases and tolerance. It has been shown that e.g. DNA immune-complexes can trigger PDCs resulting in highly elevated IFN-I levels in sera of SLE patients. High IFN-I levels lead to the establishment of a proinflammatory environment and the differentiation and activation of cDCs or autoreactive B cells, which secrete auto-(dsDNA) antibodies [Rönnblom L, Arthritis Res Ther 2003]. Beside their role in SLE, PDC-mediated IFN-I production is also relevant for other autoimmune disorders including psoriasis, rheumatic arthritis (RA) or the Sjögren's syndrome [Nestle FO, JEM 2005; Banchereau J, Immunity 2006; Christensen SR, Immunity 2006; Farkas L, Am J Pathol 2001; Blanco P, Science 2001; Cavanagh LL, Arthritis Res Ther 2005; Lande R, J Immunol 2004]. The abrogation of PDC-produced IFN-I might result in the attenuation of autoimmune reactions/symptoms and is currently investigated as therapeutical target.

On the other hand PDCs show a tolerogenic role, suggesting a beneficial impact of these cells in transplantations [Ochando JC, Nat Immunol 2006; Abe M, Am J Transplant 2005]. PDCs also prevent inflammatory reactions against harmless antigens by suppression of effector T cells induced by cDCs. Their ablation could result in the development of other autoimmune diseases such as asthma [De Heer H, JEM 2004].

PDCs have an essential function in the interaction with several cell types from both the innate and adaptive immune system. Mainly by their production of IFN-I, but also of IL-12, they directly activate NK cells, shown by increased proliferation, IFN<sub>Y</sub> secretion, and cytotoxicity [Krug A, Immunity 2004; Biron CA, Annu Rev Immunol 1999; Dalod M, JEM 2003]. This IFN-I production also results in the activation and maturation of DCs and other APCs [Honda K, PNAS 2003]. In particular, IFN-I "licenses" APCs for the cross-presentation of exogenous antigens and the induction of antigen-specific CD8<sup>+</sup> CTLs [Le Bon A, Nat Immunol 2003]. Furthermore, PDCs influence the differentiation and immuno-stimulatory functions of other DC subtypes by secretion of cytokines such as IL-6, -8, -12, and TNFa [Poeck H, Blood 2004; Decalf J, JEM 2007]. The secretion of IL-6 and IFN-I sequentially influences the development of CD40Lactivated B cells towards plasma cells, as IFN-I leads to the generation of plasma blasts and IL-6 subsequently triggers the differentiation into Ig-secreting plasma cells [Poeck H, Blood 2004; Jego G, Immunity 2003]. For example in SLE, high levels of PDC-derived IFN-I promotes the differentiation and activation of cDCs that capture and present antigens (e.g. from apoptotic cells) to autoreactive B cells resulting in the generation of autoantibody-producing plasma cells [Vallin H, JI 1999]. PDCs have a eminent impact on T cells as PDC-derived IFN-I can induce the activation and survival but also the polarization of naïve T cells [Agnello D, J Clin Immunol 2003]. The influence of PDCs on T cells is based mainly on their interaction with conventional DCs that subsequently activates the T cells, but PDCs also influence T cells directly by the secretion of pro-inflammatory cytokines: Virus-infected PDCs are found to promote a strong IFN<sub>Y</sub> production in CD4<sup>+</sup> T cells, suggesting their pivotal role in the induction of  $T_{H}1$  responses

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[Kadowaki N, JEM 2000], but there are other reports of a PDC-triggered T<sub>H</sub>2 polarization depending on the antigen dose and activation status of the cells (in case PDCs received not an appropriate TLR activation [Cella M, Nat Immunol 2000; Kadowaki N, JEM 2000; Boonstra A, JEM 2003; Ito T, JI 2004]. Recently, there is increasing evidence for a tolerogenic function of PDCs if PDCs are not triggered to respond in an anti-viral manner, e.g. in the absence of high IFN-I production. These inhibitory effects are either mediated via the PD-1:PD-1L pathway or induced by the tolerogenic enzyme Indoleamine 2,3-dioxygenase (IDO), which is expressed on PDCs under certain, inducible conditions. For example stimulation of PDCs with the tolerogenic ligands CTLA-4–immunoglobulin (CTLA-4–Ig), CD200-Ig or soluble GITR initiate the immunoregulatory pathway of tryptophan catabolism and the induction of IDO expression [Ito T, JEM 2007; Gilliet M, JEM 2002; Kuwana M, Hum Immunol 2002; Fallarino F, JI 2004; De Heer H, JEM 2004; Sharma MD J Clin Inv 2007; Abe M, Amerc J of Transplant 2005]. An illustration of the differential functions of PDCs and their role at the interface of innate and adaptive immunity is given in Fig 1.2.



**Fig. 1.2.** The role of PDCs bridging innate and adaptive immune responses. For a more detailed explanation please refer to the text.

It remains elusive whether PDCs have only an accessory function by their cytokine secretion [Yoneyama H, JEM 2005] or are directly acting as antigen-presenting cells, e.g. to prime naïve T cells, is still controversially discussed. *In vitro* generated PDCs promote *in vitro* the expansion of naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells [Boonstra A, JEM 2003; Brawand P, JI 2002]. *In vivo* experiments with peptide-pulsed and CpG-matured PDCs show that PDCs can induce naive CD8<sup>+</sup> T cell responses to endogenous, but not exogenous, antigens [Salio M, JEM 2004]. And it has been shown that virus-activated but not CpG-activated PDCs can differentiate into APCs

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and induce an effector/memory CD8<sup>+</sup> T cell response in vivo [Schlecht G, Blood 2004]. In contrast, PDCs are considered to be poor T cell stimulators, as immature and virus-activated PDCs failed to prime naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells [Krug A, JEM 2003]. Recently, it has been shown that only peptide-pulsed PDCs have the capacity to activate naïve CD8<sup>+</sup> T cells [Lou Y, JI 2007], whereas their ability to process soluble antigens is guestionable. In a different experiment only CD8<sup>+</sup> cDCs but not PDCs activate naïve CD8<sup>+</sup> T cells in vivo [Belz GT, JI 2005]. The qualitatively different capacities between PDCs and cDCs to prime naïve CD8<sup>+</sup> T cells were further underlined as BM-derived and peptide-pulsed PDCs only induced minor CD8<sup>+</sup> T cell responses without significant memory CD8<sup>+</sup> T cell differentiation *in vivo* [Angelov GS, JI 2005]. Thus, PDCs might have only a synergistic but important effect on cDCs to induce an antigen-specific immune response [Kadowaki N, Hum Immunol 2002; Lou Y, JO 2007; Liu C, J Clin Inv 2008]. These conflicting results are likely caused by either the different source of antigens (peptide vs. protein), the kind of PDC preparation or their activation status as freshly isolated or TLR-activated PDCs have been used in the studies. Although some experiments show the APC-function of PDC, this reaction was less efficient as compared to cDCs. Based on these reports further investigations on the antigen-presenting and -processing capacity of PDCs were necessary. A receptor-based strategy might be a promising approach, as the nature of the antigen-uptake receptor often has a critical influence on the direction and sorting of the endocytosed antigen [Burgdorf S, Science 2007]. At the beginning of this study no marker was known that allowed a specific targeting of antigens to murine PDCs in opposite to other APCs. Conventional DCs express the lectin receptors DC-SIGN, DCIR2 and in particular DEC-205. Antigens targeted to these receptors were efficiently internalized and processed resulting in efficient priming of naïve CD4<sup>+</sup> or CD8<sup>+</sup> T cells in vivo [Engering A, JI 2002; Bonifaz L, JEM 2002 and 2004; Dudziak D, Science 2007]. Thus, the identification of a novel PDC-expressed receptor might help to discover the APC function of these cells.

#### 2. OBJECTIVES OF THE WORK

The central function of dendritic cells (DCs) is the uptake and presentation of antigens for the induction of adaptive immune responses. Several DC subpopulations have been described, differing in phenotype, morphology, tissue localization, and function. Since all cells interact with their environment via cell surface receptors, the characteristic function of the particular subpopulation is often defined by its phenotype. Thus, further exploration of specifically expressed molecules is crucial to understand the immunological role and to disclose functional differences between different DC subsets.

The aim of this work was the identification of a cell surface receptor specifically expressed on mouse PDCs. In the first part of this work a PDC-specific monoclonal antibody should be generated by contralateral footpad immunization procedure. Next, the antigen recognized by the generated mAb should be identified and functionally characterized. The results might provide further evidence for the role of PDCs in the immune system. In particular, the ability of PDCs to act as professional APCs in the induction of T cell responses is currently controversially discussed and further insights would be beneficial.

## **3. MATERIALS AND METHODS**

## 3.1 Mice

In this work female wild-type Balb/c and C57BL/6 mice were used, all purchased from Harlan Winkelmann, Borchen, Germany.

To detect strain-specific differences in the expression of mPDCA-1 and/or Sca-1, additionally, AKR/J, CD1, DBA/1, FVB, HM1, and SV129 mice were used (Harlan Winkelmann, Borchen, Germany, and Charles River Laboratories, Sulzfeld, Germany).

For studies describing the interaction of PDCs and naïve T cells, the following mouse models were used:

OT-I (C57BL/6) TCR transgenic mice harboring OVA-specific CD8<sup>+</sup> T cells, carrying a V $\alpha$ 2/V $\beta$ 5 TCR specific for the OVA<sub>257-264</sub> peptide presented in the context of MHC class I H2-K<sup>b</sup> [Hogquist KA, Cell 1994], and OT-II (C57BL/6) TCR transgenic mice harboring OVA-specific CD4<sup>+</sup> T cells, carrying a TCR specific for the OVA<sub>323-329</sub> peptide [Robertson JM, JI 2000] were a kind gift of Professor Stefan Grabbe, University of Mainz, Germany.

DO11.10 (BALB/c) TCR transgenic mice harboring OVA-specific CD4<sup>+</sup> T cells, carrying a TCR specific for the OVA<sub>323-329</sub> peptide [Robertson JM, JI 2000], were purchased from Charles River Laboratories.

All mice were used at the age of 6 to 15 weeks, maintained under pathogen-free conditions and handled in accordance to protocols approved by local authority guidelines. Experiments were partly performed in collaboration with the Weizmann Institute of Science, Rehovot, Israel (group of Dr. S. Jung), at the DRFZ Berlin (group of Dr. A. Scheffold), at the Albert-Ludwigs-Universität Freiburg (group of Professor C. Bogdan) or at the Washington University in St. Louis (group of Professor M. Colonna).

## 3.2 Reagents

## 3.2.1 Antibodies

## 3.2.1.1 Antibodies for flow cytometry

In this study the following Fluorescein Isothiocyanate (FITC), Allophycocyanin (APC), R-Phycoerythrin (PE) or Biotin-coupled rat anti-mouse monoclonal antibodies (mAb) were used to analyse cell surface markers:

CD3 $\epsilon$  (clone 145-2C11), CD4 (clone GK1.5), CD8 $\alpha$  (clone 53-6.7), CD11b (clone M1/70.15.11.5), hamster anti-mouse CD11c (clone N418), CD16/32 (clone 93), CD19 (clone 6D5), CD40 (clone FGK45.5), CD45R (B220, clone RA3-6B2), CD49b (clone DX5), CD90 (Clone 30-H12), CD154 (CD40-L, clone MR1), CD205 (DEC205, clone NLDC-145), MHC-II (clone M5/114.15.2), Gr-1 (Ly-6C/G, clone RB6-8C5), Ly-6C (clone 1G7.G10), mPDCA-1 (unless indicated otherwise, clone JF-05-1C2.4.1 was used), Sca-1 (clones D7, CT-6A/6E, and E13-161.7), Ter-119 (clone Ter-119), and H-2k<sup>b</sup>:SIINFEKL (25-D1.16) were all obtained from Miltenyi Biotec. 4-1BBL (clone TKS-1), CD40 (clone3/23), CD80 (clone 16-10A1), CD86 (clone GL1), CD138 (Syndecan), CD274 (B7-H1, PD-L1 (clone MIH5), and TCRv $\beta$ 5.1 (clone MR9-4), B220 (clone RA3-6B2), and MHC-I (H-2k<sup>b</sup>; clone AF6-88.5) were all purchased from BD

Pharmingen. CD69 (Clone H1.2F3), CD209 (DC-SIGN, clone 5H10), TCRβ (clone H57-597), and KJ1-26 (DO11.10 clonotype) were purchased from Natutec (eBioscience), Frankfurt, Germany. Siglec-H (clones 440c or 551-3D3) was a kind gift of M. Colonna, St-Louis, USA. SA-PE-conjugated H-2Kb-OVA (SIINFEKL) iTAg<sup>™</sup> MHC Class I murine tetramer was purchased from Immunomics [Beckman Coulter] (San Diego, CA). Anti-rat MPG1 pAb was purchased from Cell Sciences, Canton, USA. HRP-conjugated polyclonal rabbit anti-rat Ig (H+L) (Jackson Immuno Research Laboratories) and HRP-labeled rabbit anti-Ovalbumin (hen egg white) antibody (Research Diagnostics Inc., Concord, USA) were used for immunoblotting and ELISA, respectively.

The following mAbs were used to detect intracellular cytokines: mAbs against IFN- $\gamma$  (clone AN18.17.24), IL-2 (clone JES6-5H4), IL-4 (clone BVD4-1D11), IL-10 (clone JES5-16E3), IL-17 (clone TC11-18H10), TNF $\alpha$  (clone MP6-XT22) (all MB); IFN $\alpha$  (clone F18) (HyCult Biotechnologies b.V., Uden, The Netherlands); PE-conjugated IL-12p40/70 (clone C15.6) (BD Pharmingen).

Secondary antibodies were anti-Biotin mAb (Bio3-18E7.2) obtained from Miltenyi as well as FITC/PE-conjugated mouse anti-rat Kappa (clone MRK-1), anti-rat  $IgG_1$  (clone RG11/39.4), anti-rat  $IgG_{2a}$  (clone B46-79, or anti-rat  $IgG_{2b}$  (cloneRG7/11.1) that had been purchased from BD Pharmingen.

## 3.2.1.2 Antibodies for ELISA

Anti-IFNα mAb (clone F18) was purchased from HyCult Biotechnologies (HBT), Uden, The Netherlands. HRP-coupled anti-OVA mAb was obtained from Research Diagnostics Inc., Concord, USA.

## 3.2.1.3 Antibodies for Immunoblotting

HRP-conjugated anti-phosphotyrosine mAb (clone Py-20) was obtained from BD Pharmingen, whereas HRP-coupled anti-OVA mAb was purchased from Research Diagnostics Inc., Concord, USA. Rabbit anti-rat-IgG(H+L) was purchased from Jackson Immuno Research Laboratories Inc. (distributed via Dianova, Hamburg).

#### 3.2.2 Chemicals

#### 3.2.2.1 General reagents

Carboxy-fluorescein diacetate succinimidyl ester (CFDA-SE/CFSE) was obtained from Molecular Probes [Invitrogen], Karlsruhe, Germany.

Bio-Safe colloid Coomassie staining reagent was purchased from Bio-Rad Laboratories, München, Germany.

## 3.2.2.2 Proteins and peptides

Imject OVA<sup>®</sup> protein was obtained from Perbio, Bonn, Germany, whereas OVA peptides OVA<sub>323-</sub> <sub>339</sub> (ISQAVHAAHAEINEAGR) and OVA<sub>257-264</sub> (SIINFEKL) were synthesized by O. Braun, Apharesis 2 Unit, Miltenyi Biotec.

#### 3.2.2.3 Stimulatory sequences

Phorbol-12-Myristate-13-Acetate (PMA), Ionomycin Calcium salt from streptomyces conglobatus (min. 98% TLC), and the TLR7 agonist Loxoribine (7-allyl-7,8-dihydro-8-guanosine) were purchased from Sigma. CpG ODNs 1668, 1826, 2006, and 2216 were all synthesized by Metabion, München, Germany.

Heat-inactivated Influenza virus (A/FPV/H7N7; Bratislava strain 79) was a kind gift of Dr. I. Johnston (Miltenyi).

## 3.2.3 Buffers

#### Staining and separation buffer:

Antibody stainings for subsequent FACS analysis as well as MACS-based cell isolations were standardly performed in staining buffer based on phosphate-buffered saline containing 2 mM EDTA and 0.5% BSA. For stability reasons, optionally 0.05% NaN<sub>3</sub> was added.

## Red blood cell lysis buffer:

15.5 mM NH<sub>4</sub>CL, 1 mM KHCO<sub>3</sub>, 0.01 mM EDTA

## Cell lysis buffer for immunoprecipitation or western blot:

100 mM Tris-HCl, 150 mM NaCl, 5 mM EDTA, supplemented with detergents (1% NP-40, Triton-X100 or other) and complete EDTA-free protease inhibitor cocktail (Roche). Low salt buffer used for washing before SDS-PAGE or elution contained 10 mM Tris HCl and 15 mM NaCl.

#### 5x sample (Laemmli) buffer:

According to the protocol of Laemmli et al. 1970, 63 mM Tris-HCl (pH 6.8), 2% SDS, 0.025% 3',3",5',5"-tetrabromophenolsulfonphthalein, and 10% glycerol were mixed and scaled up with distilled water to 10 ml volume. Optionally, DTT or  $\beta$ -mercapto ethanol was added for reducing conditions [Laemmli UK, Nature 1970].

#### 10x SDS running buffer:

25 mM Tris-Base, 192 mM Glycine, 0.1 % SDS

## Transfer buffer:

48 mM Tris-Base, 39 mM Glycin, 1.3 mM SDS, 10% methanol

#### 3.2.4 Instruments and miscellaneous

#### NanoDrop Technologies/Thermo NanoDrop Scientific, Wilmington, USA Agilent 2100 Bioanalyzer Agilent Technologies, Böblingen Trans-Blot SD SemiDry Transfer Cell BioRad, München Gene Pulser II BioRad Flow cytometers FACScalibur and FACSvantageSE **BD** Biosciences, Heidelberg MACS-Separators and Stand Miltenyi Biotec, Bergisch Gladbach Cell culture hood Hera Safe Heraeus Instruments, Osterode Incubator Hera Cell Heraeus Waterbath Julabo, Seelbach Centrifuge Eppendorf 5415D Eppendorf, Hamburg Centrifuge Megafuge 1.0 Heraeus Thermocycler: PTC-225 MJ Research, Ramsey, USA Multiplate reader Genios Tecan, Crailsheim Cryostat CM3050 Leica, Wetzlar

Chemicals were purchased at Merck Chemicals KGaA (Darmstadt) or Sigma-Aldrich Chemie GmbH (Munich; also: Fluka and Riedel-de-Haën), unless otherwise specified in the text.

10-20% Tris/Glycine-gels 1 kb-PLUS-DNA-Ladder PAGE-Ruler Prestained Protein Ladder Blot Paper (Mini Blot size) Cell strainer (40, 70, 100 µ) Conical and Round Bottom Tubes Cy3/5-dCTP Hybond-P PVDF and Hybond-XL Nylon Membranes Electroporation Cuvette (Type 165-2107) NAP-5 and -10 columns PD-10 column Superdex 200 16/60 column Neubauer chamber MACS Separation columns (µ, MS, LS, LD) Pre-Separation filter Syringe needle 26G <sup>1</sup>/<sub>2</sub>", short CpG ODNs PHA-Lectin Azaserine Polyethylenglycol

Anamed, Groß-Bieberau Invitrogen MBI Fermentas, St. Leon-Rot BioRad Falcon (BD Biosciences) Falcon (BD Biosciences) GE Healthcare, Munich **GE Healthcares** BioRad **GE Healthcare GE Healthcare GE** Helathcare Brand, Wertheim Miltenyi Biotec Miltenyi Biotec Braun, Melsungen Metabion, Munich Sigma Sigma Roche, Mannheim

## 3.3 Cell culture

#### 3.3.1 Standard cell culture methods

All cell types were cultured in a humidified incubator with a 5-9% CO<sub>2</sub> atmosphere at 37°C. Murine primary cells were isolated directly from indicated tissues (as described below in the FACS section). RPMI 1640 (Miltenyi Biotec, Bergisch Gladbach, Germany; Invitrogen, Karlsruhe, Germany), supplemented with 10% FCS (PAA Laboratories, Pasching, Austria), 15 mM HEPES buffer, 1 mM Sodium pyruvate, 50  $\mu$ M  $\beta$ -mercaptoethanol, 2 mM L-Glutamine, 100 U/ml Penicillin and 10  $\mu$ g/ml Streptomycin (all medium supplements were obtained from Invitrogen) was used as culture medium for all *in vitro* experiments with primary cells.

Human HEK 293T cells, murine 1881, EL-4, SP2/0, and Raw 264 cells as well as rat RBL-1 cells were purchased from ATCC/LGC Promochem GmbH, Wesel, Germany. Cell lines were either cultured in RPMI or in Dulbeccos modified Eagles medium (DMEM; Miltenyi Biotec and Invitrogen), supplemented in analogy to RPMI.

## 3.3.2 Generation of FLT-3L-derived BM-PDCs

It has been shown that treatment of mice with FLT-3L resulted in increased numbers of DCs in different lymphoid organs including the bone marrow [Maraskovsky E, JEM 1996] leading to the development of several protocols to generate DCs and PDCs *in vitro*.

Total BM cells were prepared by rinsing femurs and tibiae of one mouse. Red blood cells were lysed for 10 min at room temperature in lysis buffer. After sterile washing, cells were seeded at a final cell concentration of  $2x10^6$  cells/ml in complete medium, additionally containing 15% FCS (Biochrome) and 1% non-essential amino acids. Recombinant murine growth factors were added for the generation of PDCs: 100 ng/ml Flt-3 Ligand (R&D Systems) and 10 µg/ml Thrombopoietin (TPO; Biosource [Invitrogen]). At days 4 and 7, 50% of the medium was replaced by fresh medium supplemented with 50 ng/ml Flt-3L. *In vitro* generated PDCs were standardly harvested between days 7 and 10.

## 3.4 Generation of monoclonal antibodies

## 3.4.1 Contralateral (footpad) immunization and fusion

For all immunization approaches PDCs were isolated from spleen of wild type (wt) BALB/c mice and subcutaneously (s.c.) immunized into the hind footpad of Lewis and LOU rats, respectively. In different immunization attempts, murine Sp2/0 myeloma or freshly isolated murine NK cells were used as decoy and subjected to the corresponding, contralateral foot pad [as described before by Brooks PC, Journal of Cell Biology, 1993; Yin AH, Blood 1997]. After several rounds of immunization, cells from the popliteal LNs of the one hind footpad were used for the fusion with a murine myeloma partner (Sp2/0 cells) based on the HAT system originally described by Köhler and Milstein [Köhler G & Milstein C: "Continuous cultures of fused cells secreting antibody of predetermined specificity", Nature 256, 495–497 (1975); Cotton RGH & Milstein C: "Fusion of two immunoglobulin-producing myeloma cells" Nature 244, 42–43 (1973)].

#### 3.4.2 Screening of hybridoma clones

To assess the specificity of the generated hybridoma clones and to select only PDC-specific clones, the following screening strategy was performed. Spleen single cell suspensions were incubated with hybridoma supernatant for 10-15 min at room temperature. After washing, the cell suspension was incubated via PE-conjugated mar<sub>K</sub> mAb (10 min at 4°C) followed by a second washing step. PDCs were subsequently identified by staining with APC-conjugated hamster anti-mouse CD11c or rat anti-mouse B220 or Gr-1 mAbs (10 min at 4°C). In case rat anti-mouse mAbs were used to detect PDCs, an intermediate blocking step (30 min at room temperature) with irrelevant rat IgG mAb was applied (100 µg/ml) before anti-B220 and Gr-1 mAbs were added directly into the staining suspension. In all these stainings blocking of Fc receptors was omitted, as the anti-CD16/32 mAb would be detected by the mar<sub>K</sub> mAb.

#### 3.4.3 Isotype determination of generated mAbs

The isotype of the generated PDC-specific antibodies was assessed either by flow cytometric analysis (intracellular staining with secondary mouse anti-rat Kappa, IgG<sub>1</sub>, IgG<sub>2a</sub>, or IgG<sub>2b</sub>) or was determined using the anti-rat monoclonal antibody isotyping test kit (RMT1; AbD Serotec/Morphosys, Düsseldorf, Germany).

#### 3.4.4 Competitive inhibition experiments with the generated mAbs

Epitope recognition of the four PDC-specific mAbs was determined by cross-blocking experiments. Spleen single cell suspensions were first incubated with 100  $\mu$ g/ml unconjugated mAb for 10 min at 4°C. Next, cells were stained with fluorochrome-conjugated mAbs of indicated clones. Impact of blocking was revealed by flow cytometric analysis (by change of the mean fluorescence intensity).

#### 3.5 Biochemical methods

#### 3.5.1 SDS-PAGE and Western blotting:

Size fractionation of protein suspensions was performed by sodium dodecyl sulfate polyacrylamide gel electrophoresis (SDS-PAGE). 1-10<sup>6</sup> cells were washed with ice-cold phosphate buffered saline and sedimented before resuspension in sample buffer. Samples were then sonificated and boiled at 95°C for 5 min. For assessing the integrity of the targeting construct proteins were also resuspended in sample buffer. Samples (5-25 µl) were then loaded onto 4-20% Tris-glycin gels that have been obtained from Invitrogen (Novex gels) or Anamed and gel electrophoresis was performed on a X-cell Sure Lock Novex Mini cell System (Invitrogen) according to the manufacturers instructions.

Protein markers of 20–150 kDa size were obtained form MBI Fermentas (Prestained Protein Ladder) or Bio-Rad (Prestained Ladder). After electrophoresis, gels were equilibrated with distilled water whereas PVDF membrane (Hybond-P, Amersham Biosciences) was activated with methanol and equilibrated with transfer buffer. Proteins were transferred onto the PVDF membrane via a semi-dry or semi-wet process in a Trans Blot SD semi dry transfer cell (Bio-

Rad). Membranes were washed and blocked with FCS, BSA, or milk powder-containing phosphate buffered saline and subjected to antibody-detection, e.g. anti-OVA, anti-rat IgG(H+L), or anti-Py-20 antibodies were used. Finally, HRP-mediated signals were analyzed via the ECL detection kit (Amersham Pharmacia Biotech, Uppsala, Sweden).

#### 3.5.2 Induction and analysis of tyrosine phosphorylation

PDCs were untouched isolated by MACS technology (see below) and pre-incubated for 30 minutes in supplemented RPMI medium at 37°C. Anti-mPDCA-1 mAb or anti-Ter119 mAb (rat  $IgG_{2b}$  isotype control) were added at a final concentration of 10 µg/ml. Five minutes later cells were wash in ice cold PBS buffer and lysed in Laemmli protein sample buffer. Cell lysates were sonicated, boiled, separated by sodium dodecyl sulfate-polyacrylamide gel electrophoresis (SDS-PAGE), and transferred to PVDF membranes. After blocking with 5% BSA, membranes were probed with HRP-coupled anti-phosphotyrosine mAb Py-20 (BD Pharmingen). Immuno-blotted proteins were visualized by chemiluminescence using enhanced chemiluminescence detection reagents (Amersham).

#### 3.5.3 Immunoprecipitation

5x10<sup>6</sup> cells were resuspended in 1 ml lysis buffer and incubated for 30 min on ice. Optionally, cells were additionally sonicated. After lysis nuclei and debris were removed by centrifugation (13,000 rpm for 5 min). For "preclearing", irrelevant antibody was added to the supernatant and incubated for 1 h at 4°C. 100 μl protein-G sepharose was washed with lysis buffer and added to the lysates. After overnight incubation anti-mPDCA-1 mAb was added to the precleared supernatant (after sepharose-bound irrelevant antibody was removed by centrifugation) and incubated for 2-4 hrs. Anti-mPDCA-1 mAb was detected by fresh sepharose (incubation for 2 hrs) and washed with lysis buffer as well as low salt buffer before resuspension in SDS sample (Laemmli) buffer. Samples were stored at -20°C until SDS-PAGE or Western blot analysis.

#### 3.5.4 Immunoprecipitation after metabolic labeling

To identify IFN $\alpha$ -induced and PDC-specific proteins cells were metabolically labeled with <sup>35</sup>S-Methionine before subsequent immunoprecipitation was performed: A 10 µCi/ml <sup>35</sup>S-methionine working solution was prepared in pre-warmed (37°) long-term labeling medium lacking methionine. 5x10<sup>6</sup> cells were respuspended in 5-10 ml of the indicated medium and transferred to a 25 cm<sup>2</sup> tissue culture flask and cultured for 16 hrs in the presence or absence of 10<sup>2</sup> U/ml recombinant murine IFNa. After washing, cells were lysed and subjected to immunoprecipitation as described above. Radioactive signaling of samples was visualized on x-ray films.

#### 3.5.5 Generation of antibody conjugates and fragments

Anti-mPDCA-1 mAb or ChromePure rat IgG (Jackson Immuno Research Lab. Inc., West Grove, PA, USA) F(ab')<sub>2</sub> fragments were conjugated to OVA protein that had been activated with succinimidyl-4-(N-maleimidomethyl) cyclohexane-1-carboxylate (SMCC, Perbio) according to
#### MATERIALS AND METHODS

the manufacturer's protocol as described elsewhere [Sapoznikov A, JEM 2007]. The F(ab')<sub>2</sub>-OVA conjugates were size fractionated to remove unconjugated OVA. For *in vivo* application the reagents were sterile filtrated (Millex GV filter unit 0.22 µm; Millipore, Carrigtwohill, Ireland). Construct integrity was evaluated by SDS-PAGE and Western blot analysis, and fragments were detected with HRP-conjugated polyclonal rabbit anti-rat Ig (H+L) (Jackson Immuno Research Laboratories) and HRP-coupled rabbit anti-OVA antibody (Research Diagnostics Inc., Concord, MA, USA), respectively. To asses specific *in vivo* targeting of PDCs, mice were subcutaneously (10 µg) or intraperitoneally (50 µg) injected once with Alexa488-conjugated antimPDCA-1-F(ab')2. Two hours after subcutaneous injection and 15 hours after intraperitoneal injection single cell suspensions were prepared from the popliteal LN and spleen, respectively, and were analyzed for specific *in vivo* labeling of PDCs, counter-stained against B220, Ly-6C or CD11c.

To deliver model antigens to PDCs *in vitro*, spleen single-cell suspensions were incubated with OVA protein covalently coupled to FITC-conjugated anti-mPDCA-1-F(ab')<sub>2</sub> antibody fragment. For detection of PDC-specific targeting, cells were stained with Siglec-H.

#### 3.5.6 Enzyme-Linked Immunosorbent Assay (ELISA)

ELISA readout was generally performed by measurement of the absorbance at 450 nm using a Microplate ELISA reader (MWG-Biotech, High Point, USA) via Softmax Pro v5.0.1 software (Molecular Devices, Sunnyvale, USA).

#### 3.5.6.1 Anti-IFN $\alpha$ -ELISA

The capacity of PDCs to produce IFN-I and the impact of mPDCA-1 triggering was analyzed both *in vivo* and *in vitro*. Animals received a dose of PDC-depleting anti-mPDCA-1 mAb and were infected with MCMV. Blood was collected by retro-orbital puncture at the indicated time points after treatment. Serum was prepared from whole blood by coagulation for 30 min at 37°C and centrifugation. Collected sera were analyzed with a Mouse IFN alpha Colorimetric ELISA Kit (PBL Biomedical Laboratories, USA).

Alternatively, mice received 10  $\mu$ g CpG ODN 2216 in combination with DOTAP (Roche Diagnostics), and serum IFN $\alpha$  was analyzed 6 hrs later.

*In vitro* IFN $\alpha$  production by PDCs was assessed as follows: 10<sup>5</sup> isolated or enriched mouse PDCs were cultured in a 96-well plate in the absence or presence of a TLR9 stimulus (5 µg/ml CpG ODN) for 24 hrs. Subsequently, supernatant was analyzed by IFN $\alpha$ -specific ELISA (PBL).

#### 3.5.6.2 Anti-OVA-ELISA

To determine the OVA content on generated mPDCA-1 and isotype targeting constructs, an OVA-specific ELISA was performed. Soluble OVA and different OVA-antibody fragments were coated for 60 min at 37°C onto high-binding capacity 96-well polystyrene microtiter plates (Greiner bio-one) in PBS. After washing (PBS, 0.1% Tween-20), the plate was incubated with

blocking buffer (PBS, 0,1% Tween-20, 5% BSA) at 4°C. After 12 hrs, the plate was washed and incubated with horseradish peroxidase (HRP-) coupled rabbit anti-OVA antibody (Research Diagnostics Inc., Concord, USA) for 1h at 37°C. After repeated washing, 100 µl tetramethyl benzidine substrate (TMB; Pierce) was added to the wells and incubated for 10 min. Reaction was stopped with 100 µl sulfuric acid (10%). OVA content of the conjugates was quantified by a standard curve, which was based on soluble OVA protein.

#### 3.6. Flow cytometric analysis

The flow cytometric analysis of cells or particles is based on their physical and immunological characteristics. Beside their scatter properties, cells were investigated by fluorochrome-conjugated antibodies within a fluid stream. The combination of scattered and fluorescent light emissions was detected and analyzed to define information about the physical structure and expression pattern of different molecules for each single cell.

#### 3.6.1 Tissue preparation

Mice were either euthanatized by isoflurane inhalation or sacrificed by cervical dislocation. Peripheral blood was obtained from retro-orbital puncture or tail bleeding. Organs collected for different experiments included spleen, bone marrow, liver, thymus, lung, mesenterial and peripheral lymph nodes (popliteal, inguinal, cervical, brachial and axillary) as well as Peyer's Patches. If indicated, spleen, liver, and lungs were subjected to Collagenase D (Roche Diagnostics) treatment in AnnexinV buffer for 35 min at 37°C.

For single cell suspensions, collected organs were mechanically disrupted by passing through a cell strainer (40-100  $\mu$ m nylon mesh; BD Biosciences, Franklin Lakes, USA). After centrifugation at 300*xg* for 10 min, cells were resuspended in staining buffer in case not otherwise indicated.

#### 3.6.2 General staining procedure for CDs and other cell surface molecules

For standard flow cytometric analysis, 2x10<sup>6</sup> cells were resuspended in ice-cold staining buffer. Cells were stained with designated antibodies for 10 min according to manufacturer's instructions, whereas Fc-receptors were blocked by simultaneous incubation with unlabeled anti-CD16/CD32 mAb. Cells were then analyzed on FACS Calibur or FACS Scan Flow cytometers (Becton-Dickinson, Heidelberg, Germany) using CellQuest software (Becton-Dickinson) or FlowJo (TriStar, San Carlos, CA, USA). Cell debris and dead cells were excluded from the analysis based on scatter signals and PI fluorescence [Flow cytometry and cell sorting; A. Radbruch, editor. Berlin; New York: Springer-Verlag 1992].

#### 3.6.3 Intracellular cytokine staining (ICS)

#### 3.6.3.1 Detection of IL-12, TNF $\alpha$ and IFN $\alpha$ production in PDCs

PDCs were activated *in vitro* with different TLR agonists. Four hours before ending of the culture Brefeldin A (10 μg/ml; Calbiochem) was added to prevent cytokine secretion. Subsequently, PDCs were fixed and permeabilized (Inside Stain Kit, Miltenyi Biotec) and intracellularly stained

for indicated cytokines (IL-12, IFN $\alpha$ , and TNF $\alpha$ ) before flow cytometric analysis.

#### 3.6.3.2 Cytokine staining of IL-2, IL-4, IL-10, IL-17, IFN $\gamma$ , and TNF $\alpha$ produced by T cells

PDC-primed CD4<sup>+</sup> T cells were expanded for eight days until restimulation with PMA [20 ng/ml] and Ionomycin [1  $\mu$ g/ml] for 6 hours *in vitro*. In the last four hours the medium was supplemented with Brefeldin A as described before. Cells were fixed and permeabilized (Inside Stain Kit, Miltenyi Biotec) and stained for intracellular cytokines (IL-2, IL-4, IL-10, IL-17, IFN<sub>γ</sub>, and TNF $\alpha$ ) before flow cytometric analysis.

#### 3.6.4 Internalization experiments

For internalization of the mPDCA-1 antibody-receptor complex *in vitro*, FL or BM PDCs were isolated and stained with FITC-conjugated anti-mPDCA-1 mAb on ice. After washing cells were resuspended in medium and incubated at 37 °C for 0-120 min. To detect cell surface-bound antibody, cells were then labeled with biotinylated anti-FITC mAb followed by counterstaining with PE-conjugated anti-Biotin mAb. Mean fluorescence intensities of both FL-1 and FL-2 signals were normalized (the starting MFI values were set to 100%).

To demonstrate *in vivo* internalization of mPDCA-1, Alexa488-conjuagted anti-mPDCA-1(Fab2) mAb was administrated intraperitoneally. Next, spleen PDCs were isolated, fixed in 1.8% formaldehyde at room temperature and additionally stained for surface-bound mPDCA-1 with anti-mPDCA-1-Biotin followed by Alexa633-conjugated anti-Biotin mAb. Confocal laser scanning microscopy (CLSM) analysis showed either signals derived from *in vivo* administrated Alexa488-conjugated anti-mPDCA-1-F(ab')<sub>2</sub> or cell surface located, *in vitro* stained mPDCA-1 or merged pictures.

#### 3.6.5 Induction and analysis of intracellular calcium flux

To detect Ca<sup>2+</sup> released from intracellular compartments upon receptor triggering, 1-5x10<sup>6</sup>/ml PDCs were loaded with a fluorochrome, which exhibited different extinction stages in the free and Ca<sup>2+</sup>-bound conformation (5 mM Indo-1; Molecular Probes). After washing with medium supplemented with FCS, cells were incubated for 45 min at 37°C before washing with PBS and kept on ice until analysis on a FACS Vantage Flow Cytometer Cell Sorter (BD; operated by C. Göttlinger, Institute of Genetics, University of Cologne). To define PDCs, cells were optionally stained with PE and APC-conjugated anti-B220 and anti-CD11c mAbs, respectively. The filter set-up of the FACS Vantage for Indo-1 (UV excitation only) was either a FL-5 424/44 nm BF filter (calcium bound Indo-1) or a FL-4 530/30nm BF filter (unbound Indo-1). Calcium flux was measured as a ratio between calcium bound and unbound Indo-1 (FL-5/FL-4) versus time.

To assess background signal intensity, ice-cold and Indo-1 loaded PDCs were first analyzed in the untriggered status. After signal detection of untreated PDCs, an aliquot of unconjugated anti-mPDCA-1 mAb was injected into the reaction tube and the modulation of the indo ratio was analyzed. Complete deflection of the calcium flux was measured by the addition of ionomycin (1 mg/ml).

## 3.7 Biomolecular methods and gene expression analysis

#### 3.7.1 Standard biomolecular techniques:

Standard methods were based on protocols as described in "Molecular Cloning. A Laboratory Manual. 2<sup>nd</sup> edition" [Eds. Sambrook J, Fritsch EF, Maniatis T, Cold Spring Harbor Laboratory Press, Cold Spring Harbour 1989].

## 3.7.1.1 Isolation of nucleic acids

#### 3.7.1.1.1 RNA isolation

Total RNA was isolated using the NucleoSpin<sup>®</sup> RNA II Kit (Macherey-Nagel, #740955.x) according to the manufacturers protocol.

Messenger RNA was isolated using the  $\mu$ MACS mRNA Isolation Kit (Miltenyi, #130-075-201, 130-090-276) according to the manufacturers protocol. Recombinant RNase-free DNase I was obtained from Roche (#04716728001).

## 3.7.1.1.2 DNA isolation

Plasmid DNA was prepared from *E. coli* cultures using the NucleoSpin<sup>®</sup> Plasmid Kit (Macherey-Nagel) according to the manufacturers protocol.

DNA was isolated from agarose gels using either the Gel extraction kit (Macherey-Nagel) or the Agarose Gel DNA Extraction Kit (Roche, # 1 696 505).

## 3.7.1.2 cDNA synthesis

cDNA was synthesized from mRNA or total RNA by reverse transcription. A reaction mix of 10 µl total volume was prepared:

- 7 µl (total) RNA
- 2 µl Oligo(dT) primer (920 pmol)
- 1 μl random hexamers (100 pmol) were mixed and incubated for 10 min at 70°C. This first reaction mix was then stored on ice.

On ice, a second reaction mix was prepared by adding

- 16.5 µl RT buffer (Miltenyi)
- 0.6 µl dNTP mix (25 mM each)
- 3 µl Reverse transcriptase (RT, MACS-Script, Miltenyi).

Both mixes were combined and incubated at 42°C. After 1 h another 1.5  $\mu$ I RT were added to the reaction mix and incubated for an additional 1 h at 42°C. To digest contaminating RNA, two units of RNaseH were added and incubated for 20 min at 37°C.

Alternatively, cDNA was directly synthesized "in column" via the  $\mu$ MACS<sup>TM</sup> One-step cDNA Kit (Miltenyi; #130-091-902). In this protocol cell lysates were mixed with poly(A) microbeads, applied to a MACS column, and reversely transcribed.

#### 3.7.1.3 Polymerase chain reaction (PCR)

Standard PCR was performed using the PicoMaxx High Fidelity PCR System (Stratagene, #600420) or according to the following protocol:

- 1-100 ng template DNA
- 200 µM dNTPs
- forward and reverse primer (250 nM each)
- 2 mM MgCl<sub>2</sub> (only supplemented if Tag polymerase was used)
- 1x PCR buffer
- 1-5 U Tag (Pfu) polymerase /100µl reaction volume
- Deionized H<sub>2</sub>0 (ad 50 µl)

Nr.	Step	Temperature	Time
1	Denaturation	95°C	5 min
2	Annealing	54-62°C	30 sec
3	Primer extension 72°		1 min
4	Denaturation	94°C	30 sec
5	Cycles (repeat Step 2-4)	15-35x	
6	Annealing	54-62°C	30 sec
7	Final extension	72°C	5 min
8	Store	10°C	∞

#### Table 3.1 Cycler settings for standard PCR

Amplified PCR products were purified with either the QIAquick PCR Purification Kit (Qiagen), the NucleoSpin<sup>®</sup> Extract II kit (Macherey-Nagel, #740609) or the High Pure PCR Product Purification Kit (Roche, #1 732 668).

Reverse transcriptase (RT)-PCR was performed either via the Titan One Tube RT-PCR System (Roche, #11 855 476 001) or – for subsequent LightCycler analysis – via the LightCycler<sup>®</sup> RNA Master SYBR Green I kit (Roche; see 3.7.3).

## 3.7.1.4 Primer design

Homologous oligonucleotide sequences were generated based on sequence information deposited in the databases GeneBank or Nucleotide (NCBI). Primer sequences were chosen on criteria defined by Innis and Gelfand [Innis MA and Gelfand DH, Academic Press 1990]. The melting temperature was calculated according to the Wallace rule:  $T_m$  (°C) = 2 x  $\Sigma$  (A + T) + 4 x  $\Sigma$  (G + C) [Wallace R, Nucleic Acids Res. 1979; Sambrook J and Russell DW, Cold Spring Harbor Laboratory Press 2001]. The following software simulated primer integrity and annealing: Amplify v1.2b (Bill Engels, University of Wisconsin, USA) and Sequencher 4.1 (Genes Codes Corporation, Ann Arbor, USA).

#### 3.7.1.5 DNA modification

#### 3.7.1.5.1 Restriction digestion:

Qualitative restriction digest of DNA templates was performed by incubation for 1-2 hrs with appropriate restriction enzymes at a final concentration of 1 Unit/µg DNA according to the manufacturers protocols (NEB and MBI Fermentas). For preparative hydrolysis, DNA sequences were digested o/n. Resulting DNA fragments were isolated using the NucleoSpin<sup>®</sup> Extract II Kit (Macherey-Nagel) after agaraose gel electrophoresis (see 3.7.1.1.2 *DNA isolation*).

## 3.7.1.5.2 Dephosphorylation of vector DNA:

Vector DNA was dephosphorylated at the 5' end prior to ligation with insert fragements. Thus, DNA was subjected to Shrimp Alkaline Phosphatase (SAP) treatment according the manufacturers protocol (Roche, #11 758 250 001).

## 3.7.1.5.3 DNA ligation

For DNA ligation a commercial available kit was used (Rapid DNA Ligation Kit from Roche [#11 635 379 001]) or the following ligation protocol was performed:

- Vector and insert DNA were mixed in 10 μl volume with dH<sub>2</sub>0 (at varying ratios of 1:1 to 1:5).
- 2 µl 10x ligation buffer,
- 2 μl PEG 4000 (50%),
- 1-2 Units T4-Ligase for sticky ends or 5 Units T4-Ligase for blunt ends were added and filled up with  $dH_20$  ad 20  $\mu$ l.
- An incubation for 1 h at 22°C or o/n at 16°C was followed by a heat inactivation of the T4-Ligase for 10 min at 65°C.

## 3.7.1.6 E. coli transformation

Transformation of plasmid DNA into competent *E. coli* bacteria was performed using the heat shock method.

- Reaction tubes were pre-cooled on ice.
- 2-5 μl plasmid DNA were mixed with 25-50 μl competent *E. coli* and incubated for 30 min on ice.
- Transformation was performed for 40-60 sec at 42°C (water bath).
- Reaction mix was instantly incubated for 2 min on ice before adding 200-700 µl of prewarmed S.O.C or LB medium.
- Bacteria were agitated for at least 1 h at 37°C (300 rpm) before plating and o/n incubation at 37°C.

*E. coli* strains *One shot Top-10* or *DH5* $\alpha$  (both Invitrogen) or *XL-1.blue* (Stratagene) were used for transformation.

#### 3.7.2 Gene chip microarrays

For differential gene expression analysis RNA from PDCs, T cells, NKs, B cells, cDCs, macrophages, and cells lines, as well as sorted Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs was compared.

Amplification of RNA samples for microarray and quantitative real-time PCR (qPCR) experiments was performed by in vitro transcription (IVT) based on modified linear T7 amplification [Eberwine J, Biotechniques 1996; Van Gelder RN, PNAS 1990].

#### 3.7.2.1 Identification of mPDCA-1 candidate genes (Agilent microarray)

The Whole Mouse Genome Oligo Microarray Kit (Agilent Technologies, Waldbronn, Germany) was used to identify the antigen specifically expressed on PDCs and recognized by the antimPDCA-1 mAb. Therefore, the differential gene expression profile of mPDCA-1-expressing and not expressing cells was compared.



#### Fig. 3.1 Differential gene expression analysis on Agilent microarrays.

(A) Schematic principle of sample processing and hybridization for differential gene expression analysis of mPDCA-1<sup>+</sup> and mPDCA-1<sup>-</sup> cells. (B) An impression of the signal distribution of a representative microarray is demonstrated. The regulation of each gene is displayed by Cy3 (red) and Cy5 signal (green).

Total RNA was isolated via the Nucleospin RNA II RNA Extraction Kit (MACHEREY-NAGEL, Düren, Germany). After confirmation of the RNA integrity (2100 Bioanalyzer platform, Agilent), the target RNA was amplified and converted to Cyanine 3- or Cyanine 5- labeled cRNA. A mixture of differentially labeled target RNAs was hybridized to the Agilent oligo microarray. Hybridized microarrays were scanned with the ScanArray Lite (Packard Bioscience, Dreieich) and analyzed using the Imagene software version 4.1 (Bio-Discovery, Los Angeles, USA). The signal of each spot was measured in a fixed circle of 350 µm diameters and the background outside the circle within rings 40 µm distant to the signal and 40 µm wide. Local background was subtracted from the signal to obtain the net signal intensity and the ratio of Cy5/Cy3. The

ratios were normalized to the median of all ratios using only those spots for which the fluorescent intensity in one of the two channels was two-fold higher than the negative control. The microarray procedure is illustrated in Fig. 3.1.

An overview of the differentially hybridized microarrays using different mRNA samples is given in Table 3.2:

## Table 3.2 Overview of the hybridization scheme and setup for the gene expression analysis on Agilent microarrays.

Mouse genome microarrays (Agilent Technologies) consisting of about 22,500 mouse transcripts were used to identify the antigen recognized by the anti-mPDCA-1 mAb. In four different sets (chip I-IV) Sp2/0 cells, either untreated or cultured in the presence of IFNa, or after downregulation of mPDCA-1 were compared against each other. Set V consisted of PDCs vs. untreated Sp2/0 cells, demonstrating PDC-presence of regulated gene candidates.

Sets VI+VII were reproductions with the same samples described for set I+II using whole-genome mouse chips (Agilent Technologies) consisting about 40,000 transcripts.

Chip	Sample A	VS.	Sample B	mPDCA-1 expression	Micro array
I	Sp2/0+IFNα (Cy3)	VS.	Sp2/0 unst. (Cy5)	+/-	Half genome
11	Sp2/0 unst. (Cy3)	VS.	Sp2/0+IFN $\alpha$ (Cy5)	-/+	"
111	Sp2/0+IFN $\alpha$ (Cy3)	VS.	Sp2/0+IFN $lpha$ wash (Cy5)	+/-	"
IV	Sp2/0+IFN $\alpha$ wash (Cy3)	VS.	Sp2/0+IFNα (Cy5)	-/+	11
V	PDCs (Cy3)	VS.	Sp2/0 unst. (Cy5)	+/-	"
VI	Sp2/0+IFN $\alpha$ (Cy3)	VS.	Sp2/0 unst. (Cy5)	+/-	Whole genome
VII	Sp2/0 unst. (Cy3)	VS.	Sp2/0+IFN $lpha$ (Cy5)	-/+	ű

#### 3.7.2.2 Parallel identification and quantification of RNA (PIQOR microarray)

PIQOR cDNA microarrays (Miltenyi Biotec) were used to compare gene expression profiles of FACS-sorted Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs.

About sorted 10<sup>4</sup> cells were resuspended in SuperAmp lysis buffer (Miltenyi) to enable mRNA isolation and amplification. Isolation was performed with the Nucleospin RNA II RNA Extraction Kit (MACHEREY-NAGEL, Düren, Germany). Due to limited starting material the µMACS Onestep T7 Template Kit (Miltenyi) was used to extract total RNA, followed by poly-A<sup>+</sup> RNA enrichment and IVT based on T7 primers. Amplified RNA (aRNA) samples were again photometrically quantified (NanoDrop) and quality was confirmed by the Agilent BioAnalyzer. First strand cDNA was incubated for 60 min at 37°C with Terminal deoxynucleotidyl transferase followed by heat inactivation of the enzyme at 70°C. 5'-tagged cDNA was amplified and PCR products were purified using the NucleoSpin Extract II Kit (Macherey Nagel). Yield of cDNA was quantified by NanoDrop analysis and by capillary electrophoresis (Bioanalyzer). At last 250 ng of purified PCR product was labeled with either Cy3- or Cy5-dCTPs in a Klenow Fragment reaction (10 Units per sample) for 2 hrs at 37°C followed by heat inactivation at 70°C. Cy3/5-labeled cDNA samples from either Sca-1<sup>+</sup> or Sca-1<sup>-</sup> PDCs were combined and purified using the CyScribe GFX Purification Kit (GE Healthcare) before hybridization to PIQOR mouse immunology microarrays, which contain cDNAs of 1,076 genes, spotted as four-fold replicates on different positions of the array. After 18 hrs of incubation, hybridized microarrays were washed with washing buffer, scanned and analyzed as described above. The mean of four spots representing the same cDNA was determined. As a qualitative measurement for the validity of the data and to check for the uniformity of the hybridization process, the coefficient of variation (cv) of the four ratios for the respective gene was calculated. Hybridization, scanning and data analysis were performed as described [Bosio A, Carcinogenesis 2002]. Image capturing and signal quantification of hybridized PIQOR microarrays were performed with the ScanArrayLite4000 Microarray Scanner and ImaGene software Version 5.0 (BioDiscovery, Los Angeles, USA).

#### 3.7.2.3 Microarray data mining

Scanned images were analyzed using the Agilent Feature Extraction software (Version 9.1) by which the local background was subtracted from the signal to obtain the net signal intensity and the ratio of Cy5/Cy3. A rank consistency based probe selection for Lowess normalization was done. After filtering the data with respect to signal significance a two-tailed t test was used to determine signal versus background significance. Only those spots were used for which the fluorescent intensity in one of the two channels was twice the mean background of all "unflagged" spots. Only genes displaying net signal intensity 2-fold higher than the mean background were used for further analysis. Spots with p-values >0.01 were omitted.

For analysis of PIQOR data, the normalized mean ratio of four corresponding spots, representing the same cDNA, was computed. After log2-transformation of the ratios, data were imported in TIGR MeV Version TM4 [Saeed AI, Biotechniques 2003]. Average linkage clustering of genes was done using Euclidean Distance [Eisen MB, PNAS 1998]. Gene ontology analysis, "clustering", was carried out after gene annotation to verified pathways (Annotate, Miltenyi Biotec, unpublished).

#### 3.7.3 Quantitative real time RT-PCR (LightCycler)

All oligonucleotide primers used in this work were purchased from Metabion GmbH (Martinsried, Germany).

A real-time RT-PCR was performed to compare transcript levels of PDC-specific (mPDCA-1) gene candidates obtained form the microarray analysis. The LightCycler<sup>®</sup> RNA Master SYBR Green I kit (Roche Diagnostics GmbH/Roche Applied Science, Mannheim, Germany) was used for the amplification and detection of selected RNA targets, analyzed on the LightCycler platform. All assays were performed at least in duplicates. In principle, this method is based on the intercalation of an unspecific fluorochrome (SYBR green) during the DNA syntheses process of the PCR, which is measured after each cycle. The cycle number is determined at which the SYBR green emission increased above threshold level. From this signal an

exponential curve is calculated and compared to a standard curve for each primer pair, which demonstrated the amount of amplified DNA (LightCycler Software 3.5, Roche).

Messenger RNA was prepared from MACS-isolated hematopoietic cell populations (e.g. PDCs, NK cells, B cells, or T cells) using the RNeasy Mini Kit (Qiagen, Hilden). After quantification, an equal amount of mRNA was used for the real time RT-PCR reaction. Messenger RNA amount was normalized by the expression of house keeping genes (murine  $\beta$ -actin, PPIA, Hprt-1, and GAPDH). For each candidate primer pairs were designed using the Primer3 software (Whitehead Institute for Biomedical Research; Rozen S, Bioinformatics Methods and Protocols: Methods in Molecular Biology 2000) and a standard curve with titrated amounts of mRNA was performed to confirm primer integrity and to determine the optimal reaction conditions. Melting curve analysis of amplified samples was performed to assess the specificity of the amplified PCR product by discrimination between primer-dimers, side reaction products, and specific PCR product.

#### 3.7.4 Generation of transfectants

#### 3.7.4.1 Cloning strategies

The open reading frame of selected gene candidates were cloned in different vectors providing selection resistance, a HA-tag as well as the bi-cistronic expression of a truncated human CD4 antigen for direct separation. The cloning strategies for two genes of interest, MPG1 and BST2, is demonstrated in Fig. 3.2.



Fig. 3.2 Cloning strategies for L20315 (MPG1) and BST2 (BC027328) as well as generation of a full-length transfectants.

(A) Cloning strategy of L20315 full length ORF without signal peptide into pDisplay vector is demonstrated. Abbreviations are explained in the result text.

(B) Cloning strategy of BC027328 full length ORF into two vectors (pEHO and pMCAS.4IRES-II) via EcoRV and NotI is demonstrated.

Briefly, the complete coding sequence of MPG1 was amplified by PCR from genomic murine DNA. Primer pairs used also provided a Bgl/*I* restriction site (5') as well as a Sal*I* restriction site (3') for the subsequent ligation into the L20315 vector backbone. The coding sequence of BST2 was cloned without the start signal (ATG), which was provided by the pEHO and pMACS.4IRES-II vectors. BST2 was cloned via EcoRV (5') and Not*I* (3') and primer pairs were equipped with these restriction sites.

#### 3.7.4.2 Transfection of eukaryotic cell lines

Depending on culture conditions, two different transfection protocols (electroporation or lipofection) were performed for suspension or adhesively growing cells. During the exponential proliferation phase suspension cells were harvested and resuspended in fresh medium without FCS. After transfer into a sterile electroporation cuvette (Bio-Rad),  $1-5x10^6$  cells were mixed with 10-50 µg pre-diluted DNA and incubated for 15 min. Electroporation was performed using the Bio-Rad Gene Pulser II instrument with the following settings: 210-270 V, 0.975 µF, time constant 15-25 ms. After the pulse, cells were kept for 10 min at 37°C before subsequent culture in standard medium.

Alternatively, adhesive cells were transfected using the FuGENE<sup>®</sup> 6 lipofection reagent (Roche). Standardly, a monolayer of 50-70% confluent cells was transfected with a mixture of DNA and FuGENE at different ratios. Normally, 2  $\mu$ g DNA plasmid in 100  $\mu$ l serum-free medium was premixed with 3-6  $\mu$ l FuGENE, gently mixed and incubated for 30-45 min at room temperature to allow complex generation. Then the mixture was transferred onto the cells, which were cultured in standard (serum-containing) medium. After 12-36 hrs, culture dishes were supplemented with fresh media.

#### 3.7.4.3 Selection and enrichment of transfected cells

MPG1- and BST2-transfected cells were selected via Neomic/Geneticin resistance provided by the vectors pDisplay and pEHO. In addition, the pMACS vector enabled the selection of CD4<sup>+</sup> transfectants using anti-hCD4 mAb-conjugated microbeads to magnetically enrich cells that could be stained positive for CD4 and the wanted antigen. As the HA-tag was expressed intracellularly, it served only as control to confirm the successful cloning. Anti-mPDCA-1- conjugated microbeads (clone JF-3D5) were used for magnetic separation of mPDCA-1<sup>+</sup> cells.

#### 3.8 Microscopic and histological analyses

#### 3.8.1 Immuno-histochemistry of cryo sections

Isolated and acetone-fixed peripheral lymph nodes were embedded in Tissue-Tec OCT compound (Miles Inc., Elkhart, USA) and stored at -80°C. 5 µm thick sections were placed onto microscope slides and stained in Tris-buffered saline (containing 2% FCS) with different antibodies for 1 h at RT: biotinylated anti-mPDCA-1, FITC-conjugated Ly-6C and APC-conjugated anti-CD11c, followed by secondary incubation with Cy3-conjugated Streptavidin. Stained cryosections were sealed with Vectrashield (Vector, Burlingame, USA).

#### 3.8.2 Confocal laser scanning microscopy (CLSM) of single cell suspensions

Mice received i.p. administration of Alexa488-conjugated anti-mPDCA-1-F(ab')<sub>2</sub> (50  $\mu$ g/ml). After isolation of spleen PDCs, cells were centrifuged onto coverslips, fixed in PBS containing 3,7% paraformaldehyde for 15 minutes before additional washing. Cells were then incubated for 1 hour with Alexa633-conjugated anti-mPDCA-1 antibody and washed three times with PBS. For microscopic analysis, cells were covered and sealed as described above.

All cells were immediately analyzed by CLSM using the Axioskop 2 plus microscope (Zeiss, Göttingen). The following objectives were utilized: Plan-Neofluar 2,5x/0,075; Ph2 Plan-Neofluar 20x/0,50; Plan-Neofluar 40x/0,75; Plan-Neofluar 63x/1,25 Oil (Zeiss). Filter set 15 (excitation BP546/12, beamsplitter FT 580, emission LP590) was used for fluorescent microscopy (488015-000, Zeiss).

Microscopic pictures (transmitted light bright field) were taken using the digital camera AxioCam HR (Zeiss).

#### 3.9 Cell separation

#### 3.9.1 Principle of Magnetic Cell Separation (MACS)

The MACS<sup>®</sup> technology allows the fast and reliable separation of cells according to specific cell surface markers [Miltenyi S, Cytometry 1990; Radbruch A, Methods Cell Biol. 1994; Abts H, J Immunol Methods. 1989]. In brief, monoclonal antibodies were covalently linked to superparamagnetic microbeads. Next, single cell suspensions were magnetically labeled by incubation with these beads. After extensive washing, cell suspensions were separated on high gradient magnetic columns. Cells labeled with the microbeads were retained on the column whereas unlabeled cells passed through and were collected as the untouched fraction. In general, this technology allows either depletion of unwanted cells and collection of the eluted, unlabeled fraction or direct enrichment of magnetical positive cells. After magnetic separation, purity of isolated cell subsets was analyzed by flow cytometry. Usually, more than 90% purity was obtained.

#### 3.9.2 PDC isolation

PDCs were isolated via two kits:

The "Mouse PDC isolation kit" is based on a depletion of unwanted cells (B cells, T cells, NK cells, myeloid cells, and erythrocytes) followed by an enrichment of B220<sup>+</sup> cells, thus PDCs. The "Mouse PDC isolation kit II" enables an "untouched" isolation of PDCs by stringent removal of non-PDCs without the need for further enrichment.

#### 3.9.3 Isolation of T cells

For isolation of splenic T cells in context of the microarray analysis, the "pan T cell isolation Kit, mouse" (Miltenyi) was used.

For the isolation of OVA TCR transgenic T cells, spleen and LNs were collected and pooled. Single cell suspensions were depleted of CD11c<sup>+</sup> and B220<sup>+</sup> cells by magnetic sorting. Then either CD4<sup>+</sup> (DO11.10 and OT-II mice) or CD8 $\alpha^+$  (OT-I mice) cells were enriched with corresponding MicroBeads.

#### 3.9.4 Isolation of other hematopoietic cells

For semi-quantitative analyses of the mRNA expression of different mPDCA-1 candidate genes,

several hematopoietic populations were isolated from spleen:

- B cells via the mouse B Cell Isolation Kit,
- NK cells via the mouse NK Cell Isolation Kit
- Conventional DCs by enrichment via anti-CD11c MicroBeads
- Macrophages (and other cells) was obtained by peritoneal lavage

#### 3.9.5 Principle of Fluorescence-Activated Cell Sorting (FACS)

Flow cytometry is not only an excellent tool for the analysis of cells according to their cell surface properties, but also allows the separation of a heterogeneous mixture of cells [Cantor H, Herzenberg LA, Cell Immunol. 1975]. The so-called Fluorescence-activated cell sorting (FACS) is based on the same flow cytometric principle as mentioned in chapter 3.6. Here, cells become electrically charged after measuring the fluorescence characteristics and are deflected into reaction tubes based upon their charge.

To obtain highly pure PDCs for T cell priming experiments, PDCs were magnetically separated via the Mouse PDC isolation kit II. Then the PDC-enriched fraction was labeled with FITC-conjugated anti-B220 mAb and either PE-conjugated anti-Ly-6C or biotinylated anti-Siglec-H mAbs followed by PE-conjugated anti-Biotin mAb. B220<sup>+</sup>, Siglec-H<sup>+</sup> or Ly-6C<sup>+</sup> PDCs were isolated on a FACS Vantage Flow Cytometer Cell Sorter (BD; operated by C. Göttlinger, Institute for Genetics, University of Cologne). Purity of sorted PDCs was again checked by three-color FACS analysis (mPDCA-1, CD11c, and B220 expression), demonstrating an average purity between 97% to more than 99%. The positive fraction of PDCs contained less than 0.5% contaminating CD11c<sup>high</sup> cDCs or CD11c<sup>-</sup> B220<sup>+</sup> B cells.

#### 3.10 Biological assays

## 3.10.1 Culture and *in vitro* maturation of PDCs

Murine PDCs were isolated as described above and stimulated in the presence of Loxoribine [50  $\mu$ M] as synthetic TLR7 ligand or the following CpG ODNs (5  $\mu$ g/ml; Metabion) as synthetic TLR9 ligands. ODN sequences were: ODN-1668 (5'-tccatgacgttcctgatgct-3'), ODN-1826 (5'-tccatgacgttcctgacgtt-3'), ODN-2006 (5'-tcgtcgttttgtcgtttgtcgtttgtcgtt-3), ODN-2216 (5'-ggGGGACGATCGTCgggggg-3'), and ODN-2395 (5'-tcgtcgttttcggcgcgcgcg-3'). Capital letters indicate phosphodiester bases, whereas lower case designate phosphorothioate bases, which are nuclease resistant. Functional grade anti-CD40 mAb (clone FGK45.5) was used at a final concentration of 50  $\mu$ g/ml for *in vitro* activation.

## 3.10.2 In vivo maturation of PDCs

Several TLR agonists were used to activate PDCs *in vivo*. 25 µg Poly-I:C [Bochtler P, JI 2008], 5 µg Loxoribine [Asselin-Paturel C, JEM 2005], or different CpG ODNs (50-100 µg) were administrated i.v. 24 and 48 hrs later, the expression of co-stimulatory molecules (CD40, CD80, and CD86) and other molecules (e.g. MHC-I, -II, CD274 [PD-1L], 4-1BBL [CD137L]) was evaluated on PDCs by flow cytometry.

#### 3.10.3 Analysis of PDC-T cell interactions ("priming")

#### 3.10.3.1 CFSE-labeling

Isolated cells were washed with sterile PBS.  $10^7$  cells were resuspended in 1ml protein-free PBS and incubated with CFSE for 3 min at a final concentration of 1-5  $\mu$ M at room temperature. CFSE loading was stopped by addition of an excess of FCS-supplemented medium. After extensive washing with FCS-containing medium, CFSE-labeling was confirmed by flow cytometric analysis (FL-1 channel).

## 3.10.3.2 Priming of naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells in vitro

Highly pure PDCs were either isolated from wild type BALB/c or C57BL76 mice (as described before) depending on background of OVA-TCR<sup>tg</sup> T cells used.  $10^5$  PDCs were pre-cultured without antigen or in the presence of different OVA antigens (100 ng/ml SIINFEKL; 5 µg/ml OVA323-339 peptide; OVA-conjugated to anti-mPDCA-1-Fab2, isotype control-Fab2 or soluble OVA in equal concentrations). Where indicated an additional stimulus (5 µg/ml CpG ODN) was administrated.

On the next day PDCs were co-cultured with 2x10<sup>5</sup> CFSE-labeled OVA-specific CD4<sup>+</sup> or CD8<sup>+</sup> T cells isolated from DO11.10 or OT-I or OT-II mice for further 72 hrs. Naïve T cells (form pooled LNs and spleen) were thereby depleted for B220<sup>+</sup> and CD11c<sup>+</sup> cells (anti-B220 and anti-CD11c Microbeads, Miltenyi Biotec) and subsequently enriched for CD4<sup>+</sup> or CD8<sup>+</sup> T cells, respectively (anti-CD4 or anti-CD8a Microbeads, Miltenyi Biotec).

T cell proliferation was measured by loss of CFSE intensity of either gated CD4<sup>+</sup> KJ-26.1<sup>+</sup> B220<sup>-</sup> cells or CD8a<sup>+</sup> TCRv $\beta$ 5.1/2<sup>+</sup> B220<sup>-</sup> cells.

To show the specificity of T cell priming by mPDCA-1-OVA targeted and stimulated PDCs, antigen-presenting cells were incubated with unconjugated anti-mPDCA-1 at saturating concentrations before co-culture with both CD4<sup>+</sup> and CD8<sup>+</sup> T cells.

## 3.10.3.3 Analysis of T helper cell polarization

CD4<sup>+</sup> T cells isolated from DO11.10 mice were primed for three days in co-culture with total splenocytes, purified cDCs or PDCs from Balb/c mice in the absence or presence of a CpG stimulus, as described before. The OVA antigen was either OVA<sub>323-339</sub> peptide or soluble OVA protein or OVA conjugated to the anti-mPDCA-1 mAb targeting construct and was supplied at the beginning of the culture.

After initial priming, T cells were expanded in the presence of recombinant human IL-2 (R&D Systems, 20 U/ml) for seven days until cytokine was removed. On the next day, CD4<sup>+</sup> T cells (purity >99%) were restimulated with PMA [20 ng/ml] and Ionomycin [1  $\mu$ g/ml] for 6 hours *in vitro* whereas medium was supplemented in the last four hours with 1  $\mu$ g/ml Brefeldin A (Calbiochem) to prevent cytokine secretion. Cells were fixed and permeabilized (Inside Stain Kit, Miltenyi Biotec) and intracellularly stained for indicated cytokines (IL-2, IL-4, IL-10, IL-17, IFN<sub>γ</sub>, and TNF $\alpha$ ).

#### 3.10.4 Proliferation assay

To assess the proliferative capacity of different PDC subsets, mice initially received a single dose of BrdU (1 mg i.p. in PBS) to ensure immediate availability of the precursors. In parallel, BrdU was provided continuously in sterile drinking water (0.8 mg/ml), which was changed every second day [O'Keeffe M, JEM 2002; Kamath AT, JI 2000]. Mice were sacrificed at indicated time points (day 0-20) and single cell suspensions of different lymphoid organs were prepared as described above.

For the pulse/chase experiment, mice received BrdU as described above for five days. BrdU was then removed from the drinking water. Mice were sacrificed at indicated time points (day [5+] 0-20) and single cell suspensions were analyzed for BrdU incorporation.

Incorporated BrdU was detected via the APC BrdU Flow Kit (BD Pharmingen). Briefly, cells were stained with FITC-conjugated anti-Sca-1 and PE-conjugated anti-mPDCA-1 mAbs in standard staining buffer. Then cells were fixed and permeabilized, followed by treatment with DNase to expose incorporated BrdU, which was finally detected by an APC-conjugated anti-BrdU mAb.

#### 3.10.5 Endocytosis of DQ-OVA to demonstrate the antigen-uptake capacity

To measure the OVA uptake and processing, mice were immunized with DQ-OVA (Invitrogen) (10  $\mu$ g s.c. or 50  $\mu$ g i.v.) and different cell populations were isolated from spleen or draining LNs. After extensive washing, cells were stained with indicated cell surface markers and analyzed by flow cytometry. Amount of OVA internalized and processed by the different DC populations was quantified as the mean fluorescence intensity within the FL1 (FTC) channel. Alternatively, cells were pulsed with 10  $\mu$ g/ml DQ-OVA and cultured for 24 hrs before flow cytometric analysis.

#### 3.10.6 In vivo PDC depletion using the anti-mPDCA-1 mAb

For specific PDCs depletion mice received a (single) administration of 500 µg anti-mPDCA-1 mAb. Clone JF05-1C2 was used standardly, either i.p., i.v. or s.c. administrated.

#### 3.10.7 Transfer of PDCs and T cells

#### 3.10.7.1 Transfer of PKH67-labeled PDCs

Isolated and sorted Sca-1<sup>+/-</sup> PDCs were labeled using the PKH67 Green Fluorescent Cell Linker Kit (Sigma). Briefly, PDCs were washed with PBS and  $\leq 5x10^6$  were resuspended in diluent buffer. 2 µl PKH67 reagent was prepared in 500 µl diluent buffer, before combining both mixes. After incubation for 3 min, unspecific labeling was blocked with excess of FCS. Cells were extensively washed before i.v. transfer into a syngenic host mouse. 24 hrs after transfer, grafted PDCs, identified by mPDCA-1 expression and PKH67 labeling, were analyzed in different lymphoid organs (spleen and liver) and assessed for their Sca-1 expression.

#### 3.10.7.2 Transfer of CFSE-labeled OVA-transgenic T cells

CFSE-labeling of isolated  $CD4^+$  or  $CD8^+$  T cells was performed as described above. About  $2x10^6$  labeled T cells were administrated i.v. into a recipient mouse. 15 to 24 hrs later antigentargeted PDCs were inoculated s.c. or i.v. T cell proliferation was then measured 72 hrs later in draining LNs or spleen.

#### 3.11 Statistical analysis

Statistical analyses were performed using the Prism software (GraphPad Software, San Diego, USA). Standardly mean or median ± SEM was used to analyze the results presented in the result chapter. If indicated the 2-tailed unpaired t test was used. Significance of the results was demonstrated as indicated.

#### 4. RESULTS

Plasmacytoid Dendritic Cells have a key function in the linkage of innate and adaptive immunity, and are involved in a variety of diseases and immunological disorders [Dalod M, JEM 2003; Rönnblom L, Arthritis Res Ther 2003; Nestle FO, JEM 2005]. Therefore their phenotypical and functional characterization is of particular importance. In contrast to their human counterpart, murine PDCs had been only marginally described. The lack of a specific marker further hampered the functional characterization of mouse PDCs and the disclosure of their immunological role.

The first aim of this work was the identification of a novel receptor, which is only expressed on PDCs. Thus, at the beginning a specific mAb against PDCs should be generated, which also could serve as an appropriate tool for further studies of this cell type. Next, the molecular nature and functional characterization of the specific antigen was the main focus of this work as specifically expressed molecules are often connected to a unique function of the cell type. After the identification, further functional characteristics of this molecule were investigated; particularly with regard to the uptake and processing of antigens and the interaction with naïve T cells. Interestingly, by antibody-based characterization of PDCs, a heterogenic phenotype of PDCs was detected, which was further analyzed.

Therefore, four distinct aims were addressed and structured as follows:

- Generation of a mAb against a novel cell surface receptor specifically expressed by mouse PDCs.
- Identification and molecular characterization of the unknown molecule.
- Functional implications of mPDCA-1 as antigen-uptake receptor of murine PDCs for efficient priming of naïve T cells.
- Differential Sca-1 expression defines functional heterogeneity of mouse PDCs.

# 4.1 Generation of monoclonal antibodies for the detection of PDC-specific cell surface receptors

#### 4.1.1 Contralateral footpad immunization

For all immunization approaches PDCs were isolated from spleen of wild type (wt) BALB/c mice and subcutaneously (s.c.) inoculated into the hind footpad of Lewis or LOU rats. In different immunization attempts, murine Sp2/0 myeloma or freshly isolated murine NK cells were used as decoy and subjected to the corresponding, contralateral footpad as mentioned in Materials & Methods. After several rounds of immunization, cells from the popliteal LNs of the hind footpad that had been injected with PDCs were used for the fusion with a murine myeloma partner (Sp2/0 cells).

To assess the specificity of the generated hybridomas several screening strategies (e.g. using with mouse anti-rat (mar) kappa ( $\kappa$ ) mAb coated latex beads) were applied, from which the following strategy is described in detail: (1) Spleen single cell suspensions were incubated with hybridoma supernatant. (2) After washing, bound rat IgG was then detected via R-phycoerythin (PE)-conjugated mar $\kappa$  mAb. Lambda light chain positive clones were anticipated only in a minor

#### RESULTS

percentage rate for murine and rat IgGs and therefore ignored or excluded from this screening system. (3) PDCs were counterstained either with Allophycocyanin (APC)-conjugated hamster anti-mouse CD11c or rat anti-mouse B220 or Gr-1 mAbs. In case rat anti-mouse mAbs were used to identify PDCs, an intermediate blocking step with excess of irrelevant rat IgG mAb was applied to avoid ("block") any interaction of the mark secondary mAb with B220 and Gr-1 mAbs. The screening strategy to detect PDC-specific/recognizing clones is depicted schematically in Fig 4.1.1. Hereby, the signal derived from the mark staining had to be reviewed in the context of the PDC phenotype, thus on CD11c<sup>int</sup>, B220<sup>+</sup> or Gr-1<sup>+</sup> cells.





Balb/c splenocytes were incubated with hybridoma supernatants (1), followed by detection of bound rat Ig with PEconjugated mouse anti-ratk mAb (2). Next, PDCs were counterstained with APC-conjugated hamster anti-mouse CD11c mAb (3), which also detects other dendritic cells, whereas PDCs show only an intermediate expression of this molecule. In the end, hybridoma clones that detect only CD11c<sup>int</sup> cells were regarded as potential candidates for a PDC-specific antibody.

#### 4.1.2 Antibodies that identify murine PDCs

The majority of the screened clones were not specific for PDCs but recognized epitopes expressed also on other leukocytes. For further characterization of potential PDC-specific hybdridoma clones the antibodies were small-scale purified and fluorochrome conjugates were produced. Via these conjugates the staining pattern of each candidate clone on splenic leukocytes was flow cytometrically analyzed. Based on these experiments two different groups of PDC-recognizing clones were charted.

- (1) The first set of clones, although recognizing mouse PDCs, in fact also showed staining of other leukocytes, e.g. B cells and cDCs (Data not shown). Potential candidates were for example the clones 7H9 and 9B8 generated in the second fusion (JF02, Lewis rat). Because the aim of the project was the identification of a molecule specifically expressed on PDCs, both clones were stored but within this work not further characterized. Their potential might be evaluated in further experiments.
- (2) The next cluster of clones was comprised only of PDC-specific antibodies and multicolor FACS revealed that they bind only e.g. CD11c<sup>int</sup> B220<sup>+</sup> cells. An impression of a typical screening result of a negative clone (JF05-1D6; top) and a positive clone (JF05-1C2; bottom) is given in the dotplots shown in Fig. 4.1.2: Whereas with clone 1D6 almost no visible staining on spleen cells was detected, clone 1C2 nicely stained CD11c<sup>int</sup>

B220<sup>+</sup> cells, thus PDCs. The minor background staining might be FcR-dependent. A FcR////// blocking (with anti-CD16/32 mAbs) was not applicable because of the secondary staining system, as the mark mAb would also detect the anti-CD16/32 mAbs. Taken together, this group comprised of four clones with similar staining pattern, originating from different fusions (JF05, Lewis rat; JF07, LOU rat) and recognizing cells with a PDC phenotype: JF05-1C2; JF07-3D5, -7B3, and -12A5.



Fig 4.1.2 Staining of spleen cells with the PDC-specific clone JF05-1C2.

Balb/c splenocytes were incubated with supernatant from hybridoma 1D6 (upper lane) or 1C2 (lower lane), followed by detection with PE-conjugated mouse anti-ratκ mAb. PDCs were counterstained with FITC-conjugated B220 (left dotplot) and APC-conjugated hamster anti-mouse CD11c mAb (middle). The right dotplots showed marκ staining of gated B220<sup>+</sup> CD11c<sup>int</sup> PDCs.

#### 4.1.3 Isotype designation and epitope determination (blocking experiments)

The isotype of the resulting PDC-recognizing hybridoma clones was assessed in two experiments. Hybridoma supernatant or purified mAb was tested either by flow cytometric analysis (intracellular staining with secondary mouse anti-rat Kappa, IgG1, IgG2a, or IgG2b antibodies) or was analyzed with anti-rat IgG/M isotype strips (AbD Serotec, Düsseldorf, Germany), which gave a specific determination of both the light and heavy chain isotype (data not shown).

Next, the epitope recognition of the four PDC-specific mAbs was determined by cross-blocking experiments. All four clones recognized the same antigen, which was termed "mouse Plasmacytoid Dendritic Cell Antigen 1" (mPDCA-1). To evaluate whether two antibodies detect the same epitope, spleen cells were pre-incubated with an excess of the one antibody followed by staining with fluorochrome-conjugated other antibody and vice versa. These blocking experiments demonstrated whether both clones recognized the same epitope (blocking), partial overlapping epitopes (fractional blocking) or different, non-overlapping epitopes (no interference with the staining). The results and the isotype information are shown in Table 4.1.1A+B.

A Table 4.1.1A Overview of the outcome of the cross-blocking experiments

Staining	Blocking (with 100 μg/ml):			
	1C2	3D5	7B3	12A5
1C2	-	+	-	+
3D5	+	-	_*	-
7B3	+	-	-	-
12A5	+	-	-	-

"-": blocking; "+": staining; "\*": partial blocking

Table 4.1.1B Isotype and recognized epitopes of different anti-mPDCA-1 clones

Antigen	Clone	Epitope	Host	lsotype
mPDCA-1	JF05-1C2	1A	rat (Lewis)	IgG <sub>2b</sub> , $\kappa$
mPDCA-1	JF07-3D5	2A	rat (LOU)	lgG₁, κ
mPDCA-1	JF07-7B3	1B	rat (LOU)	lgG <sub>1</sub> , κ
mPDCA-1	JF07-12A5	2A	rat (LOU)	lgG₁, κ

#### 4.1.4 Flow cytometric analysis of mPDCA-1<sup>+</sup> cells in lymphoid organs

In the past, murine PDCs were characterized by the simultaneous expression of B220, CD11c, and Ly-6C. To confirm the specificity of the four generated mAbs against mouse PDCs, spleen cell suspensions from naïve Balb/c mice were stained with mAbs against mPDCA-1 and other markers and subjected to FACS analysis. Flow cytometric analysis revealed that mPDCA-1 is not expressed on lineage marker positive cells representing T (CD3, TCR $\alpha/\beta$ ), B (CD19), NK (CD49b), or myeloid (CD11b) cells (Figure 4.1.3A). In contrast, mPDCA-1<sup>+</sup> cells expressed B220<sup>+</sup>, CD11c<sup>int</sup>, and Ly-6C<sup>+</sup>, which is consistent with the PDC phenotype (Figure 4.1.3B). Furthermore, using four-color-FACS analysis it could be shown, that all B220<sup>+</sup>, CD11c<sup>int</sup>, and Ly-6C<sup>+</sup> cells are mPDCA-1<sup>+</sup> and that there are no further mPDCA-1<sup>+</sup> cells showing a different phenotype (Figure 4.1.3C). These data clearly showed the PDC-specificity of the anti-mPDCA-1 mAb. Additionally, counterstaining with other markers also showed a staining pattern characteristic for PDCs. mPDCA-1<sup>+</sup> cells showed no expression of CD40, expressed only low levels of CD8a, CD86, and CD90, but intermediate levels of MHC-II (Fig. 4.1.3D).

Altogether these data demonstrate that the anti-mPDCA-1 mAb is a useful and a specific instrument to investigate PDCs in mice. Furthermore, the identification and molecular characterization of the novel antigen is an important point of this work.



**Fig 4.1.3 Determination of the specificity of the generated anti-mPDCA-1 mAbs on Balb/c spleen cells.** (A) FACS analysis of mPDCA-1 expression on spleen cells stained with mAbs against linage markers representing T cells, myeloid cells, B cells, or NK cells. (B, C) Multicolor analysis of mPDCA-1 expression vs. PDC markers Ly-6C, B220, CD11c. Expression of mPDCA-1 is shown either directly against the indicated markers (B) or on gated B220+ Ly-6C+ cells (C). (D) Further phenotypic characterization of mPDCA-1<sup>+</sup> cells.

The flow cytometric analysis of splenocytes from naïve Balb/c mice revealed that mPDCA-1 is only expressed on cells that showed the PDC-specific phenotype (B220<sup>+</sup> CD11c<sup>+</sup> Ly-6C<sup>+</sup>). However, it has been demonstrated that PDCs from different lymphoid origins vary in their phenotype (expression of maturation markers, adhesion molecules) and also their frequency is different [O'Keeffe M, Blood 2003; Asselin-Paturel C, JI 2003; Kamogawa-Schifter Y, Blood 2005]. Hence, the expression of mPDCA-1 on other lymphoid tissues, such as BM, LNs, lung, liver, thymus, Peyer's Patches (PP) and others, was investigated. Analog to spleen cells, mPDCA-1 is also only expressed on cells showing PDC-specific phenotype (Fig. 4.1.4). The expression level of mPDCA-1 is comparable in all organs tested except of BM in which mPDCA-1 was expressed at a lower level (data not shown).

RESULTS





The investigation of mouse PDCs is often hampered by the low frequency and viability of primary cells. To overcome these limitations PDCs can also be generated *in vitro* from BM precursors by culturing in the presence of FMS-related tyrosine kinase 3 ligand (Flt-3L). Hence, these *in vitro* generated PDCs were termed Flt-3L- or FL-PDCs. As shown in Fig. 4.1.5 mPDCA-1<sup>+</sup> cells among cultured cells display a typical PDC-phenotype, which is B220<sup>+</sup> CD11c<sup>+</sup> Ly-6C<sup>+</sup>. The expression level of mPDCA-1 on *in vitro* generated PDCs is comparable to that of freshly isolated BM-PDCs as demonstrated in Fig. 4.1.4. Thus, among BM cells cultured in the presence of Flt-3L mPDCA-1 shows a PDC-restricted expression pattern.

Previously, the specific expression of mPDCA-1 on PDCs has been shown only for Balb/c mice. In this experiment the expression of mPDCA-1 was evaluated in different mouse strains. Therefore spleen cells were prepared from different mouse strains, and counterstained with mPDCA-1 and B220 for FACS analysis. It could be demonstrated that although PDC frequencies varied between different mouse strains (0.5-2.0%; Fig. 4.1.6A), mPDCA-1 was expressed only on PDCs and there were no significant, strain-specific differences in the expression pattern regarding specificity or expression level (Fig. 4.1.6B). Therefore mPDCA-1

can be considered as selective marker for PDCs, regardless of the mouse strain.



#### Fig 4.1.5 Expression of mPDCA-1 on in vitro-generated PDCs.

The dotplots demonstrate a flow cytometric analysis of Flt-3L treated BM cultures (day 10). Shown is the mPDCA-1 expression on *in vitro* generated PDCs against characteristic PDC markers (CD11c, B220, and Ly-6C).





(A) Flow cytometric analysis of spleen single cells suspensions after staining with mAbs against B220 and mPDCA-1. Representative dotplots for each mouse strains are shown. (B) Bar diagram demonstrates the frequency of spleen PDCs of different mouse strains, based on the calculation of B220<sup>+</sup> mPDCA-1<sup>+</sup> cells (mean +/- SEM of n=1-3).

# **4.1.5 Immuno-histochemical staining of mPDCA-1** (performed by Lars Ohl, Hannover Medical School)

Beside flow cytometric application, the generated antibodies were also tested for their immunohistochemcial usage. The anti-mPDCA-1 antibodies seemed to be sensitive to paraffinembedding as no viable signals were obtained on Paraffin-sections of mouse lymphoid organs (data not shown). In contrast the distribution of PDCs could be analyzed on acetone-fixed cryosections of lymph nodes and spleens (C57BL/6 mice). Fig. 4.1.7 showed the localization of PDCs in peripheral lymph nodes that had been stained with anti-mPDCA-1 (red), Ly-6C (green), and CD11c (blue). In summary the *in situ* distribution of PDCs in LN sections based on the mPDCA-1 staining demonstrated a similar distribution compared to conventional DCs but not direct co-localization.



Fig 4.1.7 Immuno-histochemical staining of mPDCA-1 on lymph node cryosections.

Acetone-fixed cryosections of peripheral lymph nodes from C57BL/6 mice were stained with anti mPDCA-1-Biotin, followed by counterstainings with Streptavidin-Cy3 (red), anti Ly-6C-FITC (green), and anti CD11c-APC (blue). Bar represents 100µm. Shown is a representative picture from confocal laser scanning analysis.

## 4.1.6 Effects of mPDCA-1 cross-linking on maturation and IFN $\alpha$ production of PDCs

Next, the effect of mPDCA-1 ligation on the maturation status of PDCs was investigated. Triggering PDCs with anti-mPDCA-1 mAb neither led to an activation (upregulation of co-stimulatory molecules CD40/80/86) of the cells nor had an effect on their viability (data not shown).

As PDCs are regarded as the major type I interferon producing cells, it was essential to show whether triggering with mAbs against mPDCA-1 had an impact on the production of IFN-alpha. Triggering of mPDCA-1 *in vitro* with different clones led to a significant abrogation of interferonalpha secretion by PDCs after stimulation with CpG ODN 2216 (Fig. 4.1.8A). The inhibitory capacity of the four described anti-mPDCA-1 mAb clones was comparable to anti-Siglec-H, another PDC-specific mAb (e.g. clone 551.3D3), which has been previously described to block the IFN $\alpha$  production in PDCs and served as high control in this experiment [Blasius A, Blood 2004].



supplemented with 10µg/ml mAb during CpG stimulation





#### (A) Inhibition of the IFN $\!\alpha$ production in PDCs after mPDCA-1 cross-linking.

Isolated PDCs were cultured in the absence or presence of 5 µg/ml CpG 2216 for 24hrs. Additionally, 10µg/ml of different anti-PDC mAbs was supplemented: anti-mPDCA-1 (clones 1C2, 3D5, 7B3, and 12A5) or anti-Siglec-H mAbs (clone 551.3D3) were used. Interferon alpha secretion was measured in the supernatant via ELISA. The data shown represent the mean +/- SEM of three experiments.

#### (B) Effect of mPDCA-1 and Siglec-H cross-linking on IFN $\alpha$ and IL-12 production by PDCs.

BM-PDCs were cultured in the absence or presence of TLR7 and 9 agonists (Loxoribine and CpG ODN 2216, respectively) for 6hrs. If indicated, anti-mPDCA-1 clone JF05-1C2 or anti-Siglec-H clone 440c were supplemented. Dotplots show intracellular staining of Interferon alpha and IL-12 production.

Beside IFN $\alpha$ , further pro-inflammatory cytokines like IL-12 and TNF $\alpha$  play a pivotal role in the initiation of immunological responses. Although cDCs were regarded as main IL-12 producers,

also murine, but not human PDCs are able to produce IL-12 upon TLR stimulation [Liu YJ, Annu Rev Immunol 2005; Dalod M, JEM 2002; Ito T, Blood 2006]. Here on the one hand the capacity of PDCs to produce IL-12 but also a possible effect of mPDCA-1 ligation on the cytokine secretion was investigated. As expected, TLR7 and 9 stimulation led to significant IL-12 production by PDCs as demonstrated in intracellular stainings of CpG and Loxoribine-activated cells (Fig. 4.1.8B), whereas unstimulated PDCs produced neither IL-12 nor IFN $\alpha$ . Interestingly, beside single IFN $\alpha$  or IL-12 producers (3-6% IFN $\alpha^+$ ; 8-12% IL-12<sup>+</sup> PDCs) also double-producing cells were detected (1.5-2%). Surprisingly, incubation of PDCs with antibodies against mPDCA-1 and Siglec-H *in vitro* resulted in a (50-80%) reduction of IFN $\alpha$  secretion whereas the IL-12 production was less affected.

In summary, mPDCA-1 cross-linkage clearly demonstrated an inhibitory effect on the IFN $\alpha$  production of TLR-stimulated PDCs *in vitro*. Whereas the results obtained by ELISA showed a significant reduction, the intracellular cytokine stainings, which have been performed over a shorter time period (6 hrs vs. 24 hrs), indicated less apparent results.

#### 4.1.7 In vivo PDC depletion

#### 4.1.7.1 Depletion of PDCs after anti-mPDCA-1 administration

Previously, the function of PDCs (in particularly during microbial or viral infections) was demonstrated by depleting them by the means of anti-Gr-1 mAb. Due to the promiscuous expression of Ly6G/C not only PDCs were depleted but also neutrophils, macrophages or activated T cells. The application of a PDC-specific mAb to deplete only PDCs might be more suitable for *in vivo* studies of this cell type.

Based on other studies, in a preliminary experiment 500 µg of purified and unconjugated antimPDCA-1 mAb (clone 1C2) was administrated. Interestingly, the majority of PDCs had been depleted 24 hrs later. To exclude the possibility that the disappearance of PDCs was based on a blocking effect of the antigen, the cells were subjected to multicolor FACS analysis by counterstaining with both a non-blocking anti-mPDCA-1 mAb (data not shown) and further PDC markers (B220 and Ly-6C; Fig. 4.1.9). This analysis demonstrated that PDCs were in fact specifically depleted (without affecting other cell populations, like T cells or cDCs; data not shown).



#### Fig 4.1.9 In vivo depletion of PDCs.

BALB/c mice were treated with PBS only or with 500 µg anti-mPDCA-1 mAb (Clone JF05-1C2; i.p.). 24 hrs later, PDC frequency was assessed in spleen by FACS analysis after staining with PDC-markers B220, Ly-6C, and mPDCA-1. Shown is a representative experiment (n=5).

All tested clones exhibited a significant and comparable PDC depletion capacity (Fig. 4.1.10). The depletion efficiency between the four clones varied in the organs analyzed: in general, clone 1C2 showed the highest depletion in spleen, liver, BM or PPs, and has been used for the depletion of PDCs to assess their role in MCMV infection (Krug A, Immunity 2004). For all following experiments it has been used at a dose of 500 µg as reported in 4.1.9.





Mice were treated with different anti-mPDCA-1 clones: JF05-1C2; JF07-3D5, -7B3, and -12A5 (500µg each). 24 hrs after i.p. administration, PDC frequency in spleen was assessed by FACS analysis. The data shown represent the mean +/- SEM of two experiments.

To have a proper information of the quantity of antibody needed for an effective PDC depletion, the amount was titrated: 100, 200, and 500µg anti-mPDCA-1 mAb (clone 1C2) was injected and the depletion was assed 24 hrs later. In spleen and liver, more than 75% of PDCs were depleted, whereas only diminishing effects were detected in BM. It was evident that already a low dose (100µg) resulted in significant and efficient PDC depletion. However higher dosages of 200 and 500 µg led to higher depletion of the cells in BM or PPs and LNs (Fig. 4.1.11).





Mice were treated with different doses of anti-mPDCA-1 mAb. 24hrs after i.p. administration, PDC frequency was assessed by FACS analysis (B220<sup>+</sup> Ly-6C<sup>+</sup> mPDCA-1<sup>+</sup> cells) in different lymphoid organs. The data shown represent the mean +/- SEM of three experiments.

To further test the impact of PDC depletion in different organs, several lymphoid tissues were investigated for PDC frequencies after intraperitoneal anti-mPDCA-1 administration. The results demonstrated that in spleen up to 80% of PDCs were specifically depleted, whereas in BM a reduction of maximally 50% could be detected. LNs displayed a heterogeneous effect: In some LNs (cervical + mesenteric LNs) an efficient depletion was observed, however other (peripheral) LNs demonstrated no depletion as Figs. 4.1.10-12 revealed. To improve the effect of the PDC depletion especially for *in vivo* studies a special protocol was developed (see Krug A, Immunity 2004; Barchet W, EJI 2005): repeated antibody application at different time points led to significant and efficient (approx. 90%) PDC reduction in tested lymphoid organs, in particular in LNs (data not shown).



RESULTS

**Organs investigated** 

#### Fig 4.1.12 Depletion efficiency in different lymphoid organs after anti-mPDCA-1 mAb administration.

As described above mice were treated with 500µg anti-mPDCA-1 clone JF05-1C2, (i.p.) and PDC frequency was assed 24hrs later in different lymphoid organs by FACS analysis. Bar diagram shows PDC frequencies of control mice (black) or anti-mPDAC-1 treated mice (dotted bars). Shown is one representative experiment out of 5.

In the previously described experiments PDC depletion was achieved by intraperitoneal administration of anti-mPDCA-1 mAb. However, to evaluate the role of PDCs in inflamed skin e.g. in a psoriasis model (collaboration with A. Stratis, University of Cologne) a different application route should be more reasonable and was tested in this experiment. Mice received same amount of anti-mPDCA-1 mAb via i.p., i.v., and s.c. administration and PDC depletion was assessed 24 hrs later. The results suggested that in all cases PDCs were depleted significantly and to a comparable level as demonstrated previously only for i.p. administration (Fig. 4.1.13). In summary, PDC depletion reached 85-90% and could be achieved independently of the route of administration.



## Fig 4.1.13 Impact of the application route on PDC depletion efficiency.

Mice were treated with 500 $\mu$ g anti-mPDCA-1 clone JF05-1C2, and PDC frequency in spleen was assessed after 24 hrs. Control represents untreated animals. The administration was performed either i.p., i.v. or s.c. The data shown represent the mean +/- SEM of 2 (i.v.) - 3 experiments.

Next the mPDCA-1-mediated *in vivo* depletion kinetic was analyzed, as there were no reports about the duration of this effect. After a single anti-mPDCA-1 administration PDC frequency (or repopulation) was assessed. A significant effect could be observed within the first day (up to 70% reduction), whereas the maximum depletion was detected on day two, lasting until day four as illustrated in Fig. 4.1.14 (>90% depletion, depending on the lymphoid organ). Between days four and seven PDC frequencies increased again and reached base level after two to three

weeks later. In principle this effect was valid for all organs tested, except of minor differences, e.g. in BM. In this organ the depletion was not that effective (see Figs. 4.1.10-12) and PDCs repopulated earlier.



i.p. 500 µg JF05-1C.4.1



After administration of 500 µg anti-mPDCA-1 mAb (i.p.), PDC frequency was monitored 1-20 days later in different lymphoid organs by FACS analysis. Graph represents mean +/- SEM of two mice per time point.

#### 4.1.7.2 PDC depletion capacity of complete or F(ab')<sub>2</sub> anti-mPDCA-1 antibodies

The anti-mPDCA-1 mAb was shown to be an effective tool for *in vivo* PDC depletion to investigate their function but the precise mechanism of this depletion remained unclear. It had been hypothesized that the PDC ablation could be induced by an intrinsic effect of the mPDCA-1 molecule, although triggering with the mAb did not influence their viability *in vitro* (data not shown). Another mechanism might be due to complement-dependent lysis. Therefore a Fc-part lacking  $F(ab')_2$  fragment of the antibody was generated by Pepsin A digestion. Resulting  $F(ab')_2$  fragments were purified by size-fractionation to remove the degraded Fc part or remaining complete mAb and Fab fragments, which were generated as side products. A typical impression of the size-fractionation and the subsequent SDS-PAGE is shown in the appendix (see Fig.7.1A+B+C).

As expected, administration of complete anti-mPDCA-1- mAb resulted in efficient PDC depletion (approx. 75%) compared to PBS-treated mice. In contrast, the administration of 500  $\mu$ g anti-mPDCA-1 F(ab')<sub>2</sub> did not lead to a PDC-specific depletion *in vivo* as B220<sup>+</sup> CD11c<sup>int</sup> mPDCA-1<sup>+</sup> cells were still present (Fig. 4.1.15). Thus the mPDCA-1 F(ab')<sub>2</sub> fragment provided an eminent tool to investigate the function of the mPDCA-1 molecule *in vivo*.



#### Fig 4.1.15 PDC depletion capacity of complete or F(ab')<sub>2</sub> anti-mPDCA-1 mAb.

24 hrs after i.p. administration of 500µg either complete anti-mPDCA-1 mAb (middle) or its Fab2 fragment (right dotplots), PDC frequency was assessed in spleen by FACS analysis of B220<sup>+</sup> CD11c<sup>+</sup> mPDCA-1<sup>+</sup> cells. In the left dotplots, mice received only PBS diluent. One representative experiment of two is shown.

#### 4.1.7.3 Effect of PDC depletion on in vivo cytokine production after viral challenge or

**CpG stimulation** (viral infection experiments conducted by Anne Krug, St. Louis, USA) To assess the effect of PDC depletion on the cytokine production in vivo, C57BL/6 mice were infected with murine cytomegalovirus (MCMV). Mice previously treated with anti-mPDCA-1 mAb showed a markedly impaired IFN- $\alpha$  response in blood serum 36 hrs after MCMV infection compared to the control group as demonstrated in Fig. 4.1.16A. In contrast, serum levels of IL-12p70 and IFN $\gamma$  were significantly higher in PDC-depleted than in isotype control mAb-treated mice [Krug A, Immunity 2004, and data not shown].



Fig 4.1.16 Abrogation of IFN $\alpha$  production after *in vivo* PDC depletion.

(A) **MCMV** infection following the depletion of PDCs *in vivo* shows an impaired IFN $\alpha$  response. C57BL/6 mice were either injected three times i.v. with 500 µg anti-mPDCA-1 mAb at time points 24 hr, 4 hr before, and 20 hr after infection (white circles, n = 4) or were left untreated (filled circles, n = 3). Blood sera were collected 36 hr after the i.p. infection with 5 × 104 PFU and serum IFN- $\alpha$  ELISA was determined by ELISA. (see Krug et al., Immunity 2004). (B) **Inhibition of CpG-induced IFN\alpha production after mPDCA-1-mediated** *in vivo* PDC depletion. Mice were depleted of PDCs via i.p. administration of 500 µg anti-mPDCA-1 mAb. On the next day mice received i.v. 5 µg CpG ODN 2216 complexed with 30 µl of a cationic liposome preparation (DOTAP; Boehringer Mannheim). 6 hrs later, serum was collected and analyzed by IFN $\alpha$ -specific ELISA (PBL). Shown is the serum IFN $\alpha$  level of CpG-activated and additionally PDC-depleted mice (n=4 per group, samples were analyzed in duplicates). Mean +/- SEM were 413.7 +/- 50.83 (Ø) vs. 97.55 +/- 17.77 (+mPDCA-1) as assessed by unpaired t test. Experiment was performed in collaboration with Stefanie Kurig (Miltenyi).

In a different experiment the *in vivo* IFN $\alpha$  production after CpG activation was assessed. Mice received an administration of anti-mPDCA-1 mAb (i.p.; d-1) before challenge with CpG ODN 2216. The scatter diagram demonstrated strong IFN $\alpha$  levels in the serum in contrast to significantly reduced IFN $\alpha$  amounts in PDC-depleted mice (mean reduction of approx. 75%; Fig. 4.1.16B). Compared to viral challenge, CpG stimulation resulted in strong but less intensive IFN $\alpha$  production *in vivo*.

These data clearly demonstrated the PDC-dependent IFN $\alpha$  secretion upon viral or microbial challenge *in vivo*.

#### 4.1.8 Signal transduction via mPDCA-1

Since mPDCA-1 triggering abrogated the IFNα production in stimulated PDCs, the possibility of mPDCA-1 signaling was next investigated. In two experiments potential signal transduction cascades initiated by cross-linking of this receptor was analyzed as it was already shown for other human PDC antigens ILT-7 and BDCA-2 [Cao W, JEM 2006, Röck J, EJI 2007; Dzionek A, JEM 2001].

Cytosolic calcium concentrations ( $[Ca^{2+}]_i$ ) in PDCs were measured before and after antimPDCA-1 mAb cross-linking to address whether mPDCA-1 mAb triggering leads to in signal transduction. As shown in Fig. 4.1.17A, ligation of surface mPDCA-1 with a specific mAb elicited a rapid and transient rise in  $[Ca^{2+}]_i$  in PDCs (red arrows), irrespective if isolated PDCs or spleen cells were used. Treatment with lonomycin, a calcium ionophore that facilitated the sustained entry of extracellular calcium, induced the maximal effect of a global increase in  $[Ca^{2+}]_i$ , as indicated by arrow heads.



Fig 4.1.17 Cross-linking of mPDCA-1 on PDCs results in calcium flux and overall protein-tyrosine phosphorylation *in vitro*.

(A) PDCs, either within splenocytes suspension (left) or isolated (right) were loaded with Indo-1. In the pseudo-color density plots (FlowJo) is shown the increase of intracellular calcium (as demonstrated by alteration of the indo-1 405/510 ratio after triggering with anti-mPDCA-1 mAb (Clone JF05-1C2) (arrow; upper lane)). Arrowheads indicate application of lonomycin as high control. In the lower lane unstimulated spleen cells and PDCs, respectively, are plotted.

(B) Triggering of mPDCA-1 induces protein tyrosine phosphorylation in isolated PDCs (90-96% purity). Cells were incubated with medium alone (1), with anti-mPDCA-1 mAb (JF5-1C2, IgG<sub>2b</sub>) (2), or with isotype antibody (3) for 5 min at 37°C. After washing, cells were resuspended in Laemmli buffer, sonicated, boiled, size-fractionated by SDS-PAGE, transferred to PVDF membranes, and probed with horseradish peroxidase-coupled anti-phosphotyrosine mAb PY20. One representative experiment of three is shown.

Next it was tested whether intracellular calcium mobilization was correlated with protein-tyrosine phosphorylation. Therefore an anti-phosphotyrosine immunoblotting on whole cell lysates of isolated PDCs was performed before and after incubation with anti-mPDCA-1 mAb. As shown in Fig. 4.1.17B, PDCs triggered via mPDCA-1 exhibited a significant increase in overall protein-tyrosine phosphorylation, as compared with unstimulated or isotype control-treated PDCs. The results of these two experiments suggested a principle involvement of mPDCA-1 in signal

transduction. Further signaling and the disclosure of involved downstream pathways in PDCs should be analyzed in other experimental settings after disclosure of the molecular nature of mPDAC-1, e.g. by means of mPDCA-1 transfectants.

#### 4.1.9 *In vitro* and *in vivo* internalization of mPDCA-1 receptor-antibody complex

It has been shown that mPDCA-1 triggering influenced the IFN-I production and was further involved in signal transduction. These characteristics were also reported for other PDC-specific antigens, such as BDCA-2, ILT7 or Siglec-H [Blasius A, Blood 2006; Cao W, JEM 2006, Röck J, EJI 2007; Dzionek A, JEM 2001]. At least BDCA-2 and Siglec-H were further shown to internalize upon antibody ligation. To test whether mPDCA-1 is also an endocytic receptor specifically expressed on mouse PDCs, the ability of mPDCA-1 to be internalized from the cell surface was analyzed.

Therefore PDCs were isolated either from Flt-3L-treated BM-cultures or *ex vivo* from spleen. Cells were labeled with FITC-conjugated anti-mPDCA-1 mAb and cultured at 37°C for different lengths of time ranging from 5 min to 2 hrs. For detection of surface-bound antibody, a secondary staining was performed consisting of biotinylated anti-FITC mAb, followed by counterstaining with PE-conjugated anti-Biotin mAb. The constant FITC intensity in Fig. 4.1.18A demonstrated that the mPDCA-1 mAb was not sheared but was still present on the cell surface or intracellularly. In contrast, the secondary signal for surface-bound antibody rapidly decreased (up to 40% within the first 5 min and up to 80% after 30 min). This demonstrated that mPDCA-1 mAb labeling through receptor-mediated endocytosis.





(A) FIt-3L–generated (FL) bone marrow (BM) PDCs were isolated and stained with FITC-conjugated anti-mPDCA-1 mAb on ice. Cells were then incubated at 37 °C for the indicated time, followed by counterstaining with anti-FITC secondary system to detect cell surface-bound antibody (consisting of biotinylated anti-FITC and PE-conjugated anti-Biotin mAbs.

merge

(B) Alexa488-conjugated anti-mPDCA-1-F(ab') 2 was administrated intraperitoneally. 15 hrs later spleen PDCs were isolated, fixed with formaldehyde, and additionally stained for surface mPDCA-1 with anti-mPDCA-1-Biotin and Alexa633-conjugated anti-biotin mAb (red). Alexa488-conjugated anti-mPDCA-1 (green), was internalized as shown by merged confocal scan laser microscopy pictures.

In addition, *in vivo* internalization of mPDCA-1 was assessed after i.p. administration of antimPDCA-1-F(ab')<sub>2</sub> antibody conjugated to Alexa488 fluorochrome. After 15 hrs, spleen PDCs were isolated, fixed and stained with PE-conjugated anti-mPDCA-1 mAb at the cell surface. Confocal analyses of isolated PDCs revealed the presence of administrated Alexa488-conjugated mPDCA-1 (green signal) in intracellular compartments (Fig. 4.1.18B). The internalized mPDCA-1 mAb clearly contrasted to *in vitro* counterstained mPDCA-1 (red) that was only observed at the cell surface. These internalization results suggested that mPDCA-1 could mediate delivery of bound mAb to endocytic pathways both *in vitro* and *in vivo* implying a function in antigen-uptake.

Taken together, by contra-lateral immunization a panel of mAbs was generated, each specifically detecting mouse PDCs in all lymphoid organs tested. All mAbs recognized the same, presumably novel antigen, which has been termed mouse PDC antigen-1 (mPDCA-1). These PDC-specific mAbs provided the opportunity for exact identification and isolation of this DC subpopulation (e.g. via anti-mPDCA-1 fluorochrome conjugates or Microbeads; data not shown).

Interestingly, mPDCA-1 cross-linking resulted in signal transduction as was evident by an increase in overall protein-tyrosine phosphorylation and calcium release. Preliminary data also demonstrated that binding the receptor induced an inhibition of IFN $\alpha$  production in activated PDCs. The shown results further indicated that triggering the mPDCA-1 via the mAbs resulted in rapid and efficient internalization of the receptor:antibody complex, both *in vitro* and *in vivo*, further underlining a potential role of this receptor in antigen uptake.

A very promising feature of the anti-mPDCA-1 mAb was the opportunity to deplete PDCs specifically *in vivo*. Therefore the anti-mPDCA-1 mAbs were not only useful for single-color identification of PDCs by flow cytometry, but also of great value for advanced studies to disclose the function and biological role of PDCs both *in vitro* and *in vivo*.

#### 4.2 Identification and molecular characterization of mPDCA-1

#### 4.2.1 Biochemical approaches to identify the mPDCA-1 antigen

Peptide Mass Fingerprint (PMF) analysis after immuno-precipitation or immuno-blotting is a standard method for the identification of unknown antigens. Therefore anti-mPDCA-1 immunoblotting was performed on whole cell lysates of isolated PDCs. Unfortunately, no PDC-specific bands could be detected compared to cell lysates of others cells (data not shown). This might be due to the disintegration of the recognized mPDCA-1 epitope. For example a linear epitope recognized by the anti-mPDCA-1 mAb might be denaturized in the conditions of this experiment, and precluded the detection via the antibody.

In another approach the unknown antigen should be identified by immuno-precipitation, but no reliable results were obtained by precipitating the mPDCA-1 molecule out of whole PDC lysates or prepared membrane fractions. In analogy to the above description, the parameters were modified regarding cell source and preparation method and further protocols were applied. For example, immuno-precipitation was performed after biotinylation of the cell surface of PDCs, thereby labeling the unknown antigen before immuno-precipitation via anti-mPDCA-1 mAb and

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providing subsequent detection via the Biotin signal. Also for these experiments no molecule resembling mPDCA-1 could be demonstrated.

It could be demonstrated that the expression of mPDCA-1 was inducible on certain cell lines after IFN $\alpha$  treatment (*see below, chapter 4.2.2*). Therefore metabolic labeling and immunoprecipitation from <sup>35</sup>S-cultured cells were performed after induction of the mPDCA-1 expression. Methionine and Cysteine-free medium was supplemented with radiolabeled, sulfur-containing amino acids at the beginning of the experiments to enable the incorporation of <sup>35</sup>S-methionine or -cysteine during the *de novo* protein synthesis. 18 hrs after IFN $\alpha$  treatment, cell lysates were prepared and subjected to immuno-precipitation using the anti-mPDCA-1 mAb. As for the above-described methods, no PDC-specific molecule was obtained by this procedure.

#### 4.2.2 Induction of mPDCA-1 expression *in vivo* and *in vitro*

The above described biochemical methods did not lead to reliable results for the identification of the novel antigen, but in the meantime a promising observation has been made. It has been demonstrated that mPDCA-1 was expressed specifically on PDCs from naïve mice, but infected or otherwise stimulated animals often showed a increased "background staining" for mPDCA-1. This observation was consistent with data for another recently described PDC-specific antigen [Asselin-Paturel C, JI 2003]. Thus, it was investigated, whether the antigen could be detected also on other cells upon activation with CpG and further stimuli. Injection of viral or microbial compounds (e.g. Influenza virus and CpG ODNs) or recombinant IFN $\alpha$  resulted in a significant upregulation of mPDCA-1 on cells different to PDCs. In contrast to naïve mice, upon poly-I:C (Fig. 4.2.1A, B) or CpG treatment (Fig. 4.2.1C) this molecule was upregulated on e.g. B cells, NK cells or T cells, and other cDCs *in vivo*. Interestingly, among cDCs the highest upregulation was found within the CD8 $\alpha^+$  compartment. This effect could be also shown *in vitro* in activated spleen cell cultures (data not shown).
NK cells

mPDCA-1

B cells

₽





Balb/c mice were either left untreated (control) or activated with 25 µg poly I:C (A; B) or 50 µg CpG ODN 2216 (C). 15 and 40 hrs later, spleen single cell suspension were prepared and mPDCA-1 expression on different cell populations was examined by flow cytometric analysis. Distinct cells were defined as follows: B cells (CD19<sup>+</sup>), NK cells (CD49b<sup>+</sup> CD3<sup>-</sup>), NKT cells (CD49b<sup>+</sup> CD3<sup>+</sup>), T cells (CD3<sup>+</sup> TCR $\alpha/\beta^+$ ), PDCs (mPDCA-1<sup>high</sup> Siglec-H<sup>+</sup>), and Plasma cells (PC; CD19<sup>+</sup> CD138<sup>+</sup>). cDCs were additionally divided into "myeloid" CD11c<sup>high</sup> CD11b<sup>+</sup>, "lymphoid" CD11c<sup>high</sup> CD8 $\alpha^+$  or CD11c<sup>high</sup> CD8 $\alpha^-$  subsets. In B the histogram analysis of the upregulation of mPDCA-1 expression in different hematopoietic cell types is shown (as described in (A)): Cells were isolated from control mice (filled grey) or 15 hrs (red line) and 40 hrs (black line) after poly-I:C treatment, respectively.

Screening of several cell lines revealed that upon IFN $\alpha$  induction a variety of murine cell lines upregulated mPDCA-1 on the cell surface as could be detected by flow cytometric analysis, e.g. 1881 pro-B cells, Sp2/0 cells, Raw cells (data not shown). In contrast to IFN $\alpha$ -inducing reagents, other stimuli did not led to an upregulation of this marker on Sp2/0 cells, as was evident in Fig. 4.2.2.



# Induction of mPDCA-1 expression on Sp2/0.9H5 cells

# Supplement of cytokines and other reagents

### Fig 4.2.2 Upregulation of mPDCA-1 expression on Sp2/0 cells.

Sp2/0 cells were cultured for 24 hrs in medium or in the presence of different stimuli. Bar diagram shows the fluorescence intensity of mPDCA-1 expression as detected by flow cytometric analysis of these cells. Shown is the mean and SEM of 1-3 experiments. Insert demonstrates upregulation of mPDCA-1 expression 24 hrs after IFN $\alpha$  treatment (10<sup>2</sup> U/ml).

The kinetics shown in Fig. 4.2.3 demonstrated a transient upregulation of the mPDCA-1 expression in these cells after IFN $\alpha$  induction. Eight hours after IFN $\alpha$ -treatment, Sp2/0 cells showed a slight increase in mPDCA-1 expression, reaching a maximum after 1-2 days. A typical impression of the upregulation is shown in the insert, comparing untreated and IFN $\alpha$ -stimulated cells. This expression rapidly decreased after removal of IFN $\alpha$  in the cultures, reaching basal level within four days.



Culture time after IFN $\alpha$  supplementation

### Fig 4.2.3 Kinetic of IFN $\alpha$ -induced upregulation of mPDCA-1 expression on Sp2/0 cells.

Sp2/0 cells were left untreated (square symbols) or cultured in the presence of  $10^2$  U/ml recombinant IFN $\alpha$  (circles and triangles). 48 hrs after induction the cytokine was washed out (only triangles/grey line). The data shown represent mean +/- SEM of 2-8 experiments per time point and setting. The histogram shown in the insert exemplarily demonstrates the upregulation of mPDCA-1 expression after IFN $\alpha$  treatment (flow cytometric analysis).

In summary, the results presented in these two chapters revealed that the expression of mPDCA-1 is inducible via IFN $\alpha$ .

### 4.2.3 Identification of mPDCA-1 by differential gene expression analysis

In this experiment the unknown antigen recognized by the anti-mPDCA-1 mAb should be identified by comparing the gene expression profile of cells expressing or not expressing mPDCA-1 as demonstrated previously by flow cytometric analysis. A detailed overview of the experimental settings (Sp2/0 cells, cultured with or without recombinant IFN $\alpha$  or after IFN $\alpha$  removal, and from freshly isolated spleen PDCs) is given in Fig. 3.1 of the Materials & Methods section. RNA was isolated from mPDCA-1 expressing or not expressing Sp2/0 cells as well as from freshly isolated spleen PDCs, converted into cDNA and thereby differentially labeled with Cy3 and Cy5 fluorochromes before hybridization on an Agilent mouse genome microarray. All hybridizations were performed as technical replicates ("dye switch"). After hybridization, fluorescence signals were scanned (Agilent Micro-array Scanner GB2505GB) and quantified (ImaGene, BioDiscovery). In Fig. 3.1 the procedure is shown schematically and a representative microarray picture is also given, demonstrating the regulation of each single gene on the basis of Cy5 (green) and Cy3 (red) signal distribution.

Significantly regulated genes (two-fold background intensity) were included into subsequent analyses, where candidates had to fulfill the following criteria: (1) beside reproducible regulation upon IFN $\alpha$  stimulation, genes must be present on PDCs (shown by chip V); (2) the genes should not be expressed on other cells than macrophages or DCs); (3) a cell surface-bound

molecule was expected due to the cell surface staining with the specific anti-mPDCA-1 mAb. Thus, the gene should contain at least one trans-membrane domain (TMD). With these criteria the multiplicity of regulated genes should be limited to find the candidate for mPDCA-1.

In the initial experiments a microarray from Agilent Technologies was used consisting of about 22,500 mouse transcripts. In four different experimental settings (microarrays I-IV; see Materials and Methods, Table 3.2) Sp2/0 cells, either untreated or cultured in the presence of IFN $\alpha$ , or after downregulation of mPDCA-1 were compared against each other. On microarray V the differential gene expression of freshly isolated PDCs was compared to untreated Sp2/0 cells, demonstrating the PDC-presence of regulated gene candidates. Furthermore, Agilent Technologies provided a "whole-genome mouse chip", consisting about 40,000 transcripts at a later time point. By the means of this extended microarray the gene expression profile of untreated Sp2/0 cells was reproduced as described for microarrays I+II (microarrays VI+VII).

Upon the multiplicity of significantly regulated genes, the above-mentioned criteria were applied to shorten this list. In Table 4.2.1 a schematic overview of regulated genes within the separate chips is demonstrated, giving a summary of (1) the number and percentage of all present genes on each single chip, (2) the number of up/downregulated genes, and (3) the number of significantly upregulated genes.

Micro-	Genes present on	Genes up-	Genes down-	Upregulated candidates	;
array	respective microarray	regulated	regulated		
I	~ 6,500 (28.88%)	564	128	194	
П	~ 8,550 (38.00%)	500	579	94	
III	~ 7,100 (31.55%)	558	220	125	
IV	~ 9,860 (43.82%)	349	939	55	
V	~ 7,260 (32.26%)	1,955	1,834		
VI	~ 11,160 (26.19%)	418	198	120	
VII	~ 15,880 (35.85%)	351	32	120	

Table 4.2.1 Schematic overview of regulated genes within the seven separate chip hybridizations

Within the upregulated candidates, subsets were assembled from the different microarrays. In general, a final intersection was generated, which was listed in Table 4.2.2. Hereby, only genes were displayed that were upregulated on all chips. The differential gene expression analysis demonstrated the significant upregulation of more than 50 candidates. In a second screening step, the PDC-specific expression of regulated candidates should be evaluated by quantitative RT-PCR, comparing mRNA from PDCs and other hematopoietic cell types. The final proof should be given by staining with anti-mPDCA-1 mAb and flow cytometric analysis of transfected cell lines generated using cDNAs of selected candidates.

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**Table 4.2.2 Differentially regulated gene candidates after extensive Agilent microarray analysis.** Genes are listed in alphabetical order according to their GeneBank Accession nomenclature. Demonstrated is the regulation on the different Agilent microarrays (Ø: mean ratio of chip I-IV). TMD: Trans-membrane domain: (-) n.d.; (+) 1 TMD; (++) more than 1 TDM. Reference.: K. Hofmann & W. Stoffel (1993) Biol. Chem. Hoppe-Seyler 374,166 **"TMbase** - A database of membrane spanning proteins segments & **TMpred** - Prediction of Transmembrane Regions and Orientation". (http://www.ch.embnet.org/software/TMPRED\_form.html)

No.	GenBank Acc.No.	Gene Name		. 11		IV	ø	· v	TMD
1	AK010014	similar to Alpha-interferon inducible protein	16.14	13.16	3.52	7.06	9.97	24.23	-
2	AK030414	similar to Guanvlate binding protein	5.64	4.75	2.61	3,43	4.1	7.06	++
3	AK035479	cDNA FLJ31952 FIS, CLONE "Schlafen-4"	8.71	7.64	7.87	4.01	7.06	1.40	++
4	AK037025	similar to 2,5-OLIGOADENYLATE SYNTHETASE-LIKE 5 (Oas1f)	23.99	22.89	7.9	10.48	16.32	2.34	+
	AK046674	Inteferon indcible GTPase 1	3.60	5.60	2 02	7.62	1 05	6.32	**
5	AN040074	9130002C22RIK PROTEIN homolog	0.00	0.00	2.02	1.02	4.33		••
6	AK054410	similar to UBIQUITIN-ACTIVATING ENZYME E1	18.88	8.02	4.72	11.53	10.8	16.46	++
_		PHD finger protein 11 (Phf11)							
(	AKU77176	SIMILATE PUTATIVE ZINC FINGER PROTEIN NY-REN-34	18.88	8.02	4.72	11.53	10.79	16.46	n/a
		Tudor domain containing 7: Tudor report acceptator with							
8	AK077641	PCTAIRE 2 homolog	15.04	17.33	4.19	4.95	10.4	9.62	-
9	AK077880	D11Ertd759e DNA segment Chr 11	17 01	30.96	15 51	24 13	21.9	4 47	+
10	4K080076	SIMILAR TO THYRO1000270 PROTEIN	22.24	16.86	6 77	11.85	14 43	4 33	n/a
10	/11000010	similar to H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN D-	22.27	10.00	0.11	11.00	14.40	4.00	-
11	AK083376	37 ALPHA CHAIN PRECURSOR	3.78	4.07	2.76	4.93	3.7	12.25	
	BB684123	Poly ADP-ribose polymerase family member 14 similar to	16 45	17 16	15 51	12 39	15.3	4 89	-
12	BBoottiee	hypothetical protein, MGC: 7868			10.01	12.00	10.0		
13	BC006779	Mus musculus, clone IMAGE:3589116	4.43	10.99	4.21	9.11	7.18	3.72	++
14	BC010238	Scotin	4.93	6.44	3.63	4.99	5	4.89	++
15	BC021821	Mus musculus, RIKEN cDNA 5033415K03 gene, clone	15	6.9	9.6	10.85	10.59	3.47	n/a
		Mus musculus, clone IMAGE:4013674, mRNA RIKEN cDNA							
16	BC025170	0610037M15 gene	3.42	4.03	3.72	3.81	3.7	12.91	-
17	BC027328	Similar to bone marrow stromal cell antigen 2,	5.24	6.33	3.93	5.34	521	15.66	++
18	BY549658	Mus musculus RIKEN cDNA 2610510B01 gene	19.2	5.92	3.09	3.58	7.95	1.97	+
19	ENSMUST0000016427	H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, TLA(B) ALPHA CHAIN	3.89	5.05	2.83	5.05	4.02	16.05	n/a
20	1 20215	PRECURSOR (MHC THYMUS LEUKEMIA ANTIGEN)	E OE	7 20	4 97	4 70	E 7	24.24	
20	L20315	MPS1 gene = Macophage expressed gene 1 (MPG1)	5.95	7.30	4.87	4.70	5.7	31.21	++
21	M55219	Mouse HSR, clone plvimHSRC-[1,3,3E,10 + 10E]	32.64	8.29	7.48	6.27	13.67	2.1	+
22	NIVI_008326	Interferen estivated sees 2004 (16200s)	10.19	12.14	10.34	9.00	13.9	13.5	++
23	NM_008327	Interferon activated gene 202A (II202a)	22.27	9.31	48.12	24.25	25.99	1.38	+
24	NM_008329	Interferon activated gene 204 (In204)	35.07	11.27	10.36	10.09	16.7	32.02	+
25	NM_008330	Interferon gamma inducible protein 47 kDa (Ifi47)	4	10.46	8.34	5.54	7.08	2.60	++
26	NM_008331/P09914	Interferon-induced protein with tetratricopeptide repeats 1 (1111)	119.2	141.5	36.52	110.6	102	-	n/a
27	NM_008332	Interferon-induced protein with tetratricopeptide repeats 2 (Ifit2)	30.37	68.17	181.0	44.86	81.1	-	-
28	NM_009099	I ripartite motif protein 30 (Trim30)	29.32	22.24	13.57	18.21	2.8	34.68	1/-
29	NM_010259	Guanylate nucleotide binding protein 1 (Gbp1)	6.39	6.87	6.32	5.7	6.32	1.6	++
30	NM_010260	Guanyiate nucleotide binding protein 2 (Gbp2)	23.23	4.22	13.34	4.01	11.2		++
31	NM_010392.1	Histocompatibility 2, Q region locus 2 (H2-Q2)	5.12	2.34	3.59	3.08	3.5	7.00	++
32	NM_010393	Histocompatibility 2, Q region locus 5 (H2-Q5)	2.83	3.11	2.85	2.96	2.94	11.5	n/a
33	NM_010394	Histocompatibility 2, Q region locus 7 (H2-Q7)	2.51	3.21	3.04	4.06	3.30	12.41	n/a
34	NM_010397	Histocompatibility 2, 1 region locus 22 (H2-122)	3.31	2.80	3.65	3.44	3.3	37.65	n/a
35	NM_010398	Histocompatibility 2, T region locus 22 (H2-T23)	3.7	3.68	4.14	3.75	3.82	9.45	n/a
36	NM_010501	interferon-induced protein with tetratricopeptide repeats 3 (lfit3)	4.95	3.68	4.14	3.75	4.13		n/a
37	NM_010741	Lymphocyte antigen 6 complex, locus C (Ly6c)	9.29	9.63	9.86	5.38	8.5	32.40	+
38	NM_010846	Myxovirus (influenza virus) resistance 1 (Mx1)	15.43	3.8	18.1	8.51	11.46	-	n/a
39	NM_011150	Peptidylprolyl isomerase C-associated protein (Ppicap)	10.11	10.58	6.2	6.88	8.44	-	+
40	NM_011637	Three prime repair exonuclease 1 (Trex1)	7.09	8.77	5.55	7.10	7.1	6.62	+
41	NM_011854	2-5 oligoadenylate synthetase-like 2 (Oasi2)	5.87	10.44	6.55	16.53	9.85	-	+
42	NM_011909	Ubiquitin specific protease 18 (Usp18)	18.93	30.92	14.47	18.2	20.66		++
43	NM_013606	Myxovirus (influenza virus) resistance 2 (Mx2)	25.81	35.53	16.36	22.73	25.11	2.18	n/a
44	NM_019665	Adenosine deaminase, RNA-specific (Adar)	8.06	5.60	6.72	2.01	5.60	1.59	+
45	NM_019963	STA2 Signal transducer and activator of transcription 2	93.51	6.93	8.41	7.24	29.02	3.01	++
46	NM_020583	Interferon-stimulated protein (20kd) Isg20	7.79	18.76	14.26	14.74	13.89	2.91	n/a
47	NM_021274	Small inducible cytokine B subfamily (Cys-X-Cys), member 10 (Scyb10)	55.84	28.75	16.15	13.26	28.5	-	+
48	NM_021430	Mus musculus RIKEN cDNA 2900002H16 gene	42.31	4.76	4.60	3.67	13.84	-	n/a
49	NM_021792	Interferon-inducible GTPase (ligp-pending)	165.2	18.88	5.44	21.72	52.81	4.19	+
50	NM_023141	ATP-dependant interferon responsive (Adir)	11.47	19.11	9.89	12.60	13.27	1.62	++
51	NM_023386	Mus musculus RIKEN cDNA 5830458K16 gene	73.41	66	47.13	28.05	53.64	1.71	+
52	NM_030253	Mus musculus hypothetical protein, MGC: 7868 (BC003281)	13.64	5.41	7.88	2.49	7.35	2.14	++
53	NM_031367	Histocompatibility 28 (H28)	505.5	78.06	159.5	22.23	191	9.84	+
54	NM 133871	Interferon-induced potein 44	78 62	171.8	29.11	38 97	79.5	6 11	+
54		Mus musculus expressed sequence AW261460	4.00	2.20	20.11	2.05	2.00	0.00	, ,
55	INIVI_140114.1	SINIVIT-IIKE (SIIIIIII)	4.20	2.20	3.55	2.05	3.UZ	0.00	-/ 1

# 4.2.4 Validation of mPDCA-1 candidates for PDC-specific expression by quantitative real time RT-PCR

The expression in PDCs and selected hematopoietic cell populations of each regulated gene candidate that have passed all screening criteria was assessed by quantitative RT-PCR, performed on a LightCycler system (Roche). Messenger RNA of PDCs was amplified using primers specific for the investigated genes and was compared to mRNA of other hematopoietic cell types, e.g. T cells, NK cells, B cells, CD11c<sup>high</sup> cDCs, macrophages or other cell lines. Before starting the analysis, for all mRNA sources a standard curve for selected housekeeping genes ( $\beta$ -actin, PPIA, GAPDH, and Hprt-1) was established to determine the absolute mRNA

level (see appendix, Fig. 7.2). Additionally, the integrity of each primer set was tested (data not shown). A list of all primers used in this work is also deposited in the appendix (Tab. 7.1A+B+C).

## Table 4.2.3 Validation of candidates by quantitative real time RT-PCR analysis.

The regulation of 45 genes was compared according to their mRNA expression in PDCs and T cell, normalized to  $\beta$ -actin.

Shown is the mean of the respective crossing-points of the LightCycler runs (n=2) and the difference between PDC and T cell mRNA. A negative numerical value represents a higher expression in PDCs. Highlighted in green are genes demonstrating a predominate expression in PDCs.

#	Core Ace	Mean Crossing-points				
#	Gene Acc.	PDC	T cell	Difference		
1	AF017175	27,79	26,61	1,18		
2	AK010014	21,215	22,345	-1,13		
3	AK030414	25,535	25,935	-0,4		
4	AK037025	34,315	32,23	2,085		
5	AK046674	24,28	23,235	1,045		
6	AK050122	26,335	25,695	0,64		
7	AK054410	22,84	23,695	-0,855		
8	AK077641	26,44	26,975	-0,535		
9	AK077880	24,99	24,665	0,325		
10	AK079685	-	-	-		
11	AK080076	28,545	26,75	1,795		
12	AK083376	21,825	22,925	-1,1		
13	BB684123	23,115	22,66	0,455		
14	BC021340	24,855	24,885	-0,03		
15	BC021821	25,32	24,325	0,995		
16	BC025170	23,145	23,135	0,01		
17	BC027328	19,865	25,36	-5,495		
18	BC029209	26,49	27,3	-0,81		
19	BC052532	24,725	24,325	0,4		
20	L20315	18,54	25,455	-6,915		
21	M55219	23,515	24,38	-0,865		
22	NM_008326	28,95	28,175	0,775		
23	NM_008331	24,08	23,85	0,23		
24	NM_008332	26,07	25,205	0,865		
25	NM_008452	-	-	-		
26	NM_009099	23,25	25,855	-2,605		
27	NM_010255	27,97	27,29	0,68		
28	NM_010260	26,545	25,16	1,385		
29	NM_010392	17,46	18,33	-0,87		
30	NM_010393-E	19,14	19,35	-0,21		
31	NM_010394-E	24,82	27,89	-3,07		
32	NM_010397	24,145	23,665	0,48		
33	NM_010398	22	23,13	-1,13		
34	NM_010501	21,875	21,78	0,095		
35	NM_010741 (Ly6C)	25,085	25,475	-0,39		
36	NM_011637	26,92	31,085	-4,165		
37	NM_011909	24,48	29,03	-4,55		
38	NM_021430	25,615	30,56	-4,945		
39	NM_023386	24,105	25,03	-0,925		
40	NM_025821	-	-	-		
41	NM_029803	23,785	24,75	-0,965		
42	NM_031367	23,145	27,25	-4,105		
43	NM_133871	28,61	31,835	-3,225		
44	NM_146114	29,29	28,745	0,545		
45	NM_199146	25,33	25,86	-0,53		

The results of 45 from 55 candidates that could be tested successfully by quantitative RT-PCR analysis are listed in Table 4.2.3. Here, the mean crossing-points of distinct gene candidates were compared between mRNA of PDCs or T cells, as the latter were negative for mPDCA-1. The crossing-point itself defined the cyclus in which the fluorescence started to increase linearly as measured in a LC run. In principle, the lower the value for a crossing-point the more nucleic acid has been detected. As an approximate value, a difference in the crossing-points ( $\Delta$ CP) of "3" represents a nearly 10-fold upregulation. From these 45 candidates nine genes were significantly upregulated in PDCs compared to T cells ( $\Delta$ CP=2-5), representing a 6->20-fold regulation. These candidates were depicted in green. Exemplary LightCycler runs are given in Fig. 4.2.4. For housekeeping genes  $\beta$ -actin and PPIA there were almost no differences in their crossing points between mRNA isolated from T cells and PDCs (A) as well as for NM\_008331 (lfit1) (B). In contrast, the LightCycler analysis for L20315 (MPG1) demonstrated an enormous difference in the crossing points if mRNA from T cells or PDCs was used (C). As shown in the representative LightCycler analysis, for PDC mRNA L20315 reached the crossing point after about 18 cycles compared to more than 24 cycles if T cell mRNA was used.



Fig. 4.2.4 LightCycler curves indicating crossing points for L20315 and NM\_008331 performed on different mRNA templates.

Isolated mRNA of purified spleen PDCs or T cells was used as template for quantitative real time PCR analysis. RT-PCR was performed using the LightCycler<sup>®</sup> RNA Master SYBR Green I kit (Roche Diagnostics). All assays were performed at least in duplicates. Messenger RNA amount was normalized by the expression of house keeping genes (murine b-actin, PPIA, Hprt-1, and GAPDH) (A). Differential transcript levels of two exemplary genes, NM\_008331 and L20315, are shown. Significant difference in the cycle numbers between PDCs and T cells were observed for L20315(C) in contrast to NM\_008331 (B). The performed real time PCR analysis could shorten the number of regulated genes, leading to a final list of nine genes that passed all criteria and demonstrated on the one hand high regulation in the Agilent analysis as well as predominant expression in PDCs compared to T cells (Table 4.2.4).

### Table 4.2.4 Final list of mPDCA-1 candidates after microarray and RT-PCR analysis.

Regulated gene candidates from the Agilent microarrays were validated by LightCycler analysis of PDC and T cell mRNA.Prediction of trans-membrane regions and orientation (TMD) was evaluated as described before. Values in parentheses showed scores of the TMD prediction, whereas only scores above 500 were considered significant.

# Gene ID	Gene ID	Name	PDCs vs. T cells		Agilent		
	Gene ib		ΔCP	Regulation	regulation		
1	L20315 (E3)	Macrophage-specific gene 1 (Mpg-1, MPS1)	-6.915	"23fold"	4.7-31fold	5 (2>1000)	
2	BC027328	Mus musculus bone marrow stromal cell antigen 2	-5.495	"18fold"	3.9-15.7fold	2 (2>1000)	
3	NM_021430	Mus musculus RIKEN cDNA 2900002H16 gene	-4.945	"16fold"	3.7-42fold	0	
4	NM_011909	Mus musculus ubiquitin specific peptidase 18 (Usp18)	-4.55	"15fold"	14.5-30fold	3 (1>score)	
5	NM_011637	Mus musculus three prime repair exonuclease 1 (Trex1)	-4.165	"14fold"	5.6-7.1fold	1 (2000)	
6	NM_031367	Mus musculus histocompatibility 28 (H28)	-4.105	"13fold"	9.8-505fold	1 (>score)	
7	NM_133871	Mus musculus interferon-induced protein 44 (Ifi44)	-3.225	"10fold"	6.1-170fold	2 (1>1000)	
8	NM_009099	Mus musculus tripartite motif protein 30 (Trim30)	-2.605	"8fold"	13.6-35fold	(1 <score)< td=""></score)<>	
9	NM_010741	Mus musculus lymphocyte antigen 6 complex, locus C	-0.39	"1.2fold"	5.4-32fold	2 (1>1000)	

# 4.2.5 Cloning and generation of transfectants of potential mPDCA-1 candidates

To identify the molecule recognized by the anti-mPDCA-1 mAb, genes that are present on the final candidate list have been cloned and full-length transfectants have been generated. According to their higher expression in PDCs compared to T cell mRNA, a more detailed expression analysis was performed for two examples (L20315 and BC027328), comparing their mRNA content in PDCs to a variety of other leukocyte cell types (Fig. 4.2.5A+B; representative LC runs for BC027328 and L20315 are attached in the appendix). It was demonstrated that both genes were predominantly expressed in PDCs in contrast to cells or cell lines from the lymphoid or myeloid lineage. The mean of the relative expression, normalized via  $\beta$ -actin content, is displayed below the bar diagrams. Interestingly, after IFN $\alpha$ -induction, only Sp2/0 cells showed high expression of BC027328 but not L20315 mRNA, which was comparable to native PDCs.



#### Fig 4.2.5 Differential expression of L20315 (MPG1) and BC027328 (BST2) mRNA.

mRNA was prepared from indicated cell types and real-time RT-PCR was performed with primers for L20315 (A) and BC027328 (B) (n=2). Values were normalized for  $\beta$ -actin expression. Shown is the relative mRNA amount of indicated genes in different cell types (PDCs expression was set to 100%).

Taken together, these two candidates showed promising results and the cloning and generation of transfectants are demonstrated in detail in the following.

# 4.2.5.1 The macrophage-specific gene 1

The L20315 gene coding for the macrophage-specific gene 1 (MPG1) was the first one cloned, because this candidate was both highly regulated in the differential gene analysis and also showed a predominant mRNA expression in spleen PDCs compared to all other cells tested as validated by quantitative real time PCR.

The complete open reading frame (ORF) of MPG1 was inserted into the pDisplay vector without the leader sequence and start codon (ATG) that was provided by the vector backbone (see Materials and Methods). Sequence information of primers used for gene amplification is deposited in the appendix (Table 7.1D).

After transfection of HEK293T cells, the construct was easily detected intracellularly via Nterminal HA-tag of pDisplay-Vector as flow cytometrical analysis of intracellular HA staining revealed (Fig. 4.2.6). Using a commercial rabbit anti-rat MPG1 mAb (described to be also crossreactive with murine MPG1) staining of MPG1- but not MOCK-transfected HEK293T cells could be demonstrated. In contrast, detection with anti-mPDCA-1 mAbs showed no significant signal of this transfected cell line (compared to the isotype control or MOCK-transfected cells).



Fig 4.2.6 Cloning of L20315 (MPG1) and generation of a full-length transfectant.

HEK293T cells were either transfected with the empty vector (MOCK) or with the pDisplay vector containing the L20315 sequence. Representative flow cytometric analysis of anti-HA, anti-MPG-1, and anti-mPDCA-1 stainings are shown.

In general, several transfections with other cell lines were performed to avoid cell type-specific modulations: e.g. human HEK293T cells, rat RBL-1 cells, and mouse RAW cells were tested. The results demonstrated that at least RAW cells upregulated mPDCA-1 upon transfection with the MOCK vector (data not shown). Therefore, to exclude an unspecific induction of the mPDCA-1 only human and rat cell lines, but not mouse cells (such as RAW) were used from this point on.

Taken together the positive staining both for HA and MPG1 showed the integrity of the construct; on the other hand, these results led to the suggestion that MPG1 was not identical to the mPDCA-1 antigen, although it was predominantly expressed on PDCs (at least on mRNA level). Nevertheless, future investigations might show further implications of this molecule and its role for PDCs.

# 4.2.5.2 The Bone marrow stromal antigen 2

Above-described results demonstrated that MPG1 was not detected by the anti-mPDCA-1 mAb. Hence, the next gene on the final list of regulated and validated gene candidates was cloned and transfectants were generated. BC027328, coding for the Bone marrow stromal antigen 2 (BST2), was another highly regulated candidate that also showed a predominant PDC expression (see above).

The gene organization (900 bp in length, CDS of 45-563 base pairs) led to the cloning strategy into two vectors as described in detailed in the Materials & Methods section. BST2 was cloned in either a pEHO or a pMACS.4IRES-II vector. While the first vector involved a Blasticidin resistance and a HA tag, the latter one vector did not provide a resistance gene, but enables bicistronic expression of BST2 together with a truncated human CD4 surface. As for BST2, the

N-Terminus was proposed to be located intracellular (based on a TMD prediction), the HA-tag should be detected by intracellular staining in pEHO-BST2 transfectants. In pMACS.4IRES-II-BST2 transfectants the human CD4 protein should be co-expressed on the cell surface enabling effective enrichment of positively transfected cells via anti-CD4 microbeads.

Cells transfected with the above-mentioned pEHO-BST2 vector or with the MOCK control could be both specifically detected via the HA-TAG (only intracellularly; data not shown), demonstrating the integrity of the vector. In contrast, with the anti-mPDCA-1 but not with the isotype control (rat IgG<sub>2b</sub>) mAb a significant staining was detected on the BST2 transfectants (Fig. 4.2.7A). The MOCK control did not show a significant staining. As for MPG1, transfectants were generated also for BST2 in several cell lines (HEK293T, 1881; and EL4.2), which gave similar results. To avoid any unspecific signals induced by unwanted activation of these cells (as shown in chapter 4.2.5.1), transfectants were not generated in RAW cells.





(A) HEK293T, 1881, and EL4.2 cells were transfected with the pEHO vector, either empty (MOCK) or containing the BC027328 sequence. Flow cytometric analysis of the mPDCA-1 expression is performed 24 hrs after electroporation (HEK293T) or after limited dilution (1881 and EL4.2; Mock control not shown).

(B) Representative flow cytometric analysis of HEK2932T cells transfected with the pMACS.4IRES-II vector. AntimPDCA-1 and anti-human CD4 stainings are shown after enrichment with anti-hCD4 microbeads (NEG/POS = magnetical negative/positive fraction).

The pMACS.4IRES-II vector provided the opportunity to enrich transfected cells via the expression of human CD4. Fig. 4.2.7B demonstrated representative results of CD4 microbeadenriched HEK293T cells after transfection. Whereas the Mock-transfected cells only showed an enrichment of CD4<sup>+</sup> cells, BST2-transfected cells displayed both accumulations of mPDCA-1<sup>+</sup> and CD4<sup>+</sup> cells. Similar results were obtained by using anti-mPDCA-1 microbeads (clone JF07-3D5; data not shown).

In summary, all transfectants of the above constructs showed comparable and specific mPDCA-1/BST2 expression as was evident by anti-mPDCA-1 FACS staining.

In this second chapter, the molecular nature of mPDCA-1 was successfully revealed by a strategy based on the combination of differential gene analysis followed by the validation of potential candidates by quantitative RT-PCR and FACS analysis of generated transfectants.

Furthermore, a variety of PDC-regulated genes were found, either already known (e.g. Ly-6C (NM\_010741) or other, IFN-I-inducible genes) or hitherto unknown molecules. In addition, the BST2 transfectant could be used for further experiments including internalization and signal transduction studies, and to analyze the function of the molecule and its immunological role, in particular in the modulation of IFN $\alpha$  production (as demonstrated in previous experiments) and for the uptake of antigens.

# 4.3 Characterization of mPDCA-1 as novel antigen-uptake receptor on PDCs enabling priming and cross-priming of naïve T cells

The immune system consists of specialized cell types for the recognition and the elimination of pathogens. On the effector side T lymphocytes play a pivotal role in adaptive immunity. Naïve T cells do not recognize native antigens, but only respond to antigenic peptides presented on major histocompatibility complex (MHC) molecules of so-called antigen-presenting cells (APCs) comprised of B cells, macrophages and mainly dendritic cells (DC) [Romani N, Res Immunol 1989; Romani N, JEM 1994; Germain RN, Cell 1994; Brown MG, JI 1993; Carbone FR, Cold. Spring Harb. Symp. Quant. Biol. 1989]. The T cell population can be principally divided into cytotoxic CD8<sup>+</sup> T cells (CTLs) that recognize antigenic peptides in the context of MHC class I, and CD4<sup>+</sup> helper T cells, which respond to peptides loaded onto MHC class II complexes. The DC family comprises of at least five different subsets, suggesting the potential to initiate distinct responses to diverse challenges. PDCs were regarded as a distinct subset of Dendritic cells, which have a critical role both in the innate and adaptive immune defense against bacterial and viral infection [Liu YJ, Ann Rev Immunol 2005], by sensing viral or microbial structures through engagement of Toll-like-receptors (TLR) 7 and TLR 9 [Kadowaki N, JEM 2001] and (Myd88/ IRF7-dependent) secretion of massive amounts of type I interferons (IFN  $\alpha$ ,  $\beta$ ,  $\omega$ ,  $\tau$ ) [Kawai T, Nat. Immunol 2004]. PDCs have also been proposed to play a direct role as APCs in the initiation of T cell responses by their constitutive presence in lymphoid organs, by expression of MHC molecules and by acquisition of DC morphology upon activation. Nevertheless, their DC characteristic relied on their capacity to prime naïve T cells, and in fact this is controversially discussed: Freshly isolated PDCs are poor T cell stimulators as human blood-derived PDCs did not stimulate naïve CD4<sup>+</sup> T cells in a Mixed Leukocyte Reaction (MLR) unless cultured in the presence of virus (HSV) [Kadowaki N, Hum Immunol 2002]. On the other hand murine splenic PDCs failed to induce naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cell proliferation to endogenous antigens even after virus exposure [Krug A, JEM 2003]. In contrast, peptide-pulsed PDC derived from Flt-3driven BM culture or spleen can promote the *in vitro* expansion of  $CD4^{+}$  T cells and T<sub>H</sub> polarization [Boonstra A, JEM 2003]. Adoptive transfer experiments showed that splenic and BM culture-derived PDC are capable to elicit responses of naïve CD8<sup>+</sup> T cells to endogenous, but not exogenous antigens after CpG activation [Salio M, JEM 2004]. These conflicting results are likely due to the different source of PDCs used in the reports as well as their activation status. Recently, PDCs have been shown to play a critical role in the control of airway inflammation [de Heer HJ, JEM 2004; Smit JJ, JEM 2006] and regulation of alloimmune reactivity and tolerance [Abe M, Transplant. Proc. 2005; Ochando JC, Nat Immunol 2006]. Additionally, we showed a direct interaction of PDCs with naïve CD4<sup>+</sup> T cells in an antigenspecific manner *in vivo* [Sapoznikov A, JEM 2007] characterizing PDCs as "bona fide" DC that can initiate adaptive immune responses.

The aim of this project was to disclose the function of the recently described mPDCA-1 molecule for antigen delivery and processing. Additionally, mPDCA-1-targeted delivery of antigens was utilized to analyze PDC-induced primary CD4<sup>+</sup> and CD8<sup>+</sup> T cell responses, which allows a better understanding of the principle role of PDCs in adaptive immunity. Although PDCs express MHC-II molecules and display further DC-features, including upregulation of co-stimulatory molecules upon maturation and displaying a dendrite-like morphology, they were still not regarded as professional DCs [Kadowaki N, Hum. Immunol 2002]. Thus, it was of particular interest to show whether PDCs were acting as competent APCs.

# 4.3.1 Endocytosis of DQ-OVA demonstrated the antigen-uptake capacity of PDCs

A unique hallmark of DCs is the uptake of exogenous, soluble antigens for subsequent presentation to naïve T cells. PDCs were characterized to take up soluble antigens poorly [Grouard GM, JEM 1997; Dzionek A, JI 2000]. To investigate their in vivo endocytosis capacity the uptake of the model antigen DQ-OVA was investigated. DQ-OVA is a fluorogenic reagent that is invisible in its unprocessed form due to auto-quenching, but shows fluorescence upon entry into the endosomal cellular compartment. 24 hrs after s.c. and i.v. administration of DQ-OVA only PDCs but not myeloid DCs or T cells were able to take up and proceed DQ-OVA into the endosomal/lysosomal pathways as was revealed by the FACS analyses (Fig. 4.3.1): approximately 15% of PDCs in contrasts to less than 0.5% of other cell types showed a positive signal. Interestingly, simultaneous activation via TLR9 signaling resulted in weaker signal intensities. In addition, only LN-PDCs but not cells from spleen could be stained for processed antigen (data not shown). The two murine cell lines 1881 (murine pre-B cells) and RAW 264.7 (macrophage/monocyte-derived cells) ingested this antigen efficiently in vitro. Again, addition of CpG did not lead to increased uptake of DQ-OVA. Other experiments also showed an increased uptake of FITC-labeled Dextran at 37°C compared to 4°C, further underlining the capacity of PDCs to ingest exogenous antigens (data not shown).





(A) To determine the endocytotic capacity of PDCs, mice received 20  $\mu$ g DQ-OVA. 24 hrs after s.c. administration the antigen uptake and processing was evaluated by FACS analysis of cells isolated from draining LNs. If indicated, mice received additionally 10  $\mu$ g CpG ODN 1668. The dotplots show FL1 signal derived from processed DQ-OVA on mPDCA-1<sup>+</sup> CD11c<sup>int</sup> PDCs, mPDCA-1<sup>-</sup> CD11c<sup>high</sup> cDCs, and CD3c<sup>+</sup> T cells.

(B) Flow cytometric analysis of DQ-OVA uptake by PDCs, cDCs, T cells (*in vivo*) and 1881 and RAW cell lines (*in vitro*). The histograms display overlays of FL1 intensities of cells in the absence (grey filled lines) or presence of DQ-OVA (red lines) or optionally of DQ-OVA in combination with CpG (black lines) as demonstrated in (A). The *in vitro* endocytosis capacity of 1881 and RAW cells is shown after culture for 24 hrs in the absence or presence of DQ-OVA.

# 4.3.2 Generation of a PDC-specific in vitro and in vivo antigen delivery strategy

Administration of the anti-mPDCA-1 mAb led to specific and efficient depletion of PDCs *in vivo*. It has been shown in chapter 4.1.7 that about 80-90% of PDCs in spleen were depleted after anti-mPDCA-1 mAb application in contrast to diluent or isotype control antibody. This efficient PDC depletion was also detected in other lymphoid organs, whereas administration of anti-mPDCA-1-F(ab')<sub>2</sub> showed that in contrast to the complete mAb the F(ab')<sub>2</sub> fragment did not deplete PDCs (Fig. 4.1.15). These data suggest a complement-dependent lysis or an induction of antibody-dependent cell-mediated cytotoxicity (ADCC) of the complete anti-mPDCA-1 mAb. Thus, immunizing mice with a fluorochrome-conjugated  $F(ab')_2$  fragment resulted in specific

targeting of PDCs *in vivo*, as indicated by flow cytometric analysis of isolated spleen and LN cells (Fig. 4.3.2). These data demonstrate that anti-mPDCA-1-F(ab')<sub>2</sub> fragments allowed a specific *in vivo* targeting of PDCs without killing the cells.





demonstrated on the y-axis) is derived from administrated anti-mPDCA-1-F(ab')<sub>2</sub> fragment.

After demonstration that the antibody-receptor-complex was internalized upon cross-linking (see Fig. 4.1.18), targeting OVA protein to PDCs was in the focus of the next experiments. As described elsewhere, full-length OVA protein was conjugated to the anti-mPDCA-1-F(ab')<sub>2</sub> mAb [Sapoznikov A, JEM 2007]. Purified fragments of the non-depleting anti-mPDCA-1-F(ab')<sub>2</sub> fragments were covalently conjugated with OVA protein. Generated anti-mPDCA-1-F(ab')2-OVA was purified by size exclusion chromatography as shown in the appendix (see Fig.7.1). Functional integrity of the construct was tested by Western blotting. As depicted in Fig. 4.3.3A, the conjugates were readily detected both via the kappa light chain and the OVA-fraction, whereas free OVA or unconjugated anti-mPDCA-1-F(ab')<sub>2</sub> fragments were only detected with an anti-rat IgG or anti-OVA antibody, respectively. Fig. 4.3.3C revealed that a FITC-labeled targeting construct was only detected on Siglec-H<sup>+</sup> PDCs within a spleen single cell suspension, underlining that the targeting construct was delivered specifically to PDCs in vitro. The specificity of the antigen delivery had also been shown in vivo: i.v. and s.c. injection of the antimPDCA-1-F(ab')<sub>2</sub>-OVA construct resulted in specific labeling of CD11c<sup>int</sup> PDCs from spleen and DLNs as demonstrated by flow cytometric staining in Fig. 4.3.3B. Therefore targeting mPDCA-1 might be a valuable approach for specific delivery of antigens to PDCs for presentation via MHC-I and -II molecules both in vitro and in vivo.



Fig 4.3.3 Characterization of selective PDC targeting and antigen delivery.

(A) Western blot analysis of the generated OVA-conjugated antibody construct. Free OVA and unconjugated or OVAconjugated anti–mPDCA-1-F(ab')<sub>2</sub> antibody constructs were resolved by SDS-PAGE (4-12% gradient Tris-glycine gel) and, after immunoblotting, detected with anti–ratk and anti-OVA antibody, respectively. Lanes 1 and 5 contain free OVA, lanes 2 and 6 contain the unconjugated anti-mPDCA-1-F(ab')<sub>2</sub> antibody fragment, and lanes 3 and 4 as well as 7 and 8 contain two fractions of the anti–mPDCA-1–F(ab')<sub>2</sub>–OVA conjugate.

(B) Specific *in vivo* targeting of PDCs with FITC-labeled anti–mPDCA-1–F(ab')<sub>2</sub>–OVA. Conjugates were injected i.v. or s.c. and, after 3 h, spleens and popliteal LNs were isolated. Dotplots demonstrate counterstaining with CD11c that has been performed on single-cell preparations from untreated (left dot plots) or *in vivo*–targeted cells (middle and right dot plots). The staining in the FL-1 channel is based on the *in vivo*-injected, FITC-coupled mPDCA-1-F(ab')<sub>2</sub>–OVA construct.

(C) Dotplots show spleen single cell suspensions of untreated mice that have been incubated for indicated times with anti-mPDCA-1-Fab<sub>2</sub>-OVA (conjugated to FITC fluorochrome). OVA-conjugated targeting construct is specifically directed to PDCs *in vitro*, as counterstaining with further PDC-specific marker Siglec-H revealed.

# 4.3.3 Capacity of murine PDCs to prime antigen-specific CD4<sup>+</sup> T cells *in vitro*4.3.3.1 Peptide-pulsed PDCs are able to induce naïve CD4<sup>+</sup> T cell proliferation

To confirm their general stimulatory capacity, PDCs from Balb/c were first co-cultured with CFSE-labeled CD4<sup>+</sup> T cells from DO11.10 mice in the presence of an OVA peptide that could be loaded onto MHC-II molecules. As expected, T cells responded in a vigorous expansion (<1% vs. average 85-95%) if PDCs were loaded with peptide (Fig. 4.3.4B). The same results were obtained in the C57BL/6 background with CD4<sup>+</sup> T cells from OT-II mice (data not shown).



#### Fig 4.3.4 Capacity of murine PDCs to present antigen to naïve CD4<sup>+</sup> T cells.

(A) PDCs were untouched isolated from several lymphoid organs by MACS technology and then sorted into B220<sup>+</sup> Siglec-H<sup>+</sup> or Ly-6C<sup>+</sup> cells (FACS Vantage). Representative dotplot demonstrates the purity of isolated PDCs as revealed by subsequent flow cytometric analysis of B220 and Siglec-H expression.

(B) Highly pure PDCs (97-99%) were isolated from Balb/c mice and cultured in the absence or presence of OVA peptide (OVA<sub>323-339</sub>; 5  $\mu$ g/ml). Thereafter, PDCs (1x10<sup>5</sup> cells) were co-cultured with 2x10<sup>5</sup> purified and CFSE-labeled CD4<sup>+</sup> T cells isolated from DO11.10 mice. Dotplots show the proliferation of CD4<sup>+</sup> T cells (gated on viable KJ-26.1<sup>+</sup> B220<sup>-</sup> cells) after 72 hrs.

## 4.3.3.2 Activated PDCs prime naïve CD4<sup>+</sup> T cells after antigen-uptake via mPDCA-1

After demonstrating that PDCs per se were able to stimulate T cells, it was next investigated whether PDCs are able to efficiently process and present exogenous antigen (OVA protein) after antigen-uptake via the mPDCA-1 receptor. Therefore highly pure PDCs were enriched from spleen by MACS technology and subsequently sorted by FACS into B220<sup>+</sup> and Siglec-H<sup>+</sup> or Ly-6C<sup>+</sup> cells. As shown in Fig. 4.3.4A, PDC purity normally reached over 97-99%, whereas cross-contamination of cDCs as determined by CD11c<sup>+</sup> cell phenotyping was below 0.5% (data not shown). Isolated PDCs were incubated with anti-mPDCA-1-F(ab)<sub>2</sub>-OVA targeting construct or OVA-conjugated to isotype-matched irrelevant rat IgG F(ab)<sub>2</sub> fragment - thereafter named control OVA construct - in the presence or absence of a CpG stimulus for 15 hours. CFSElabeled CD4<sup>+</sup> T cells from OT-II mice (>95% purity) were then added to PDCs at a T cell:PDC ratio of 2:1 and subsequently co-cultured for additional 72 hours. T cell proliferation was examined by flow cytometry. PDCs targeted via mPDCA-1 were able to induce a strong antigen-specific CD4<sup>+</sup> T cell response (Fig. 4.3.5A). In contrast, PDCs incubated with equal amounts of either soluble OVA (data not shown) or OVA control construct or in the absence of antigen did not result in visible T cell priming. Interestingly, only (CpG-) activated but not immature PDCs were able to prime naïve antigen-specific T cells. Stimulation with other reagents, e.g. the TLR7 agonist Loxoribine or different CpG ODNs also led to efficient T cell priming (Fig. 4.3.5B). The substantial T cell proliferation after mPDCA-1-mediated OVA uptake was comparable to OVA peptide (Fig. 4.3.5C). The titration of the antigen amount revealed that the mPDCA-1 targeting construct turned out to be an efficient vector to induce a T cell response. In a further experiment the efficiency of the antigen-uptake was investigated. To evaluate the required duration of antigen presence, the anti-mPDCA-1-F(ab)<sub>2</sub>-OVA targeting

construct was washed out from the co-culture after different time points. We found that the antigen had to be present at least for more than 15 hrs to elicit an efficient  $CD4^+$  T cell priming (Fig.4.3.5D). The maximum T cell response was induced if the antigen was present more than 36 hrs.





(A) To show PDC-induced T cell priming, PDCs were targeted with anti-mPDAC-1-F(ab')<sub>2</sub>-OVA or isotype matched control F(ab')<sub>2</sub>-OVA (2.5  $\mu$ g/ml OVA each). Cells were cultured in the absence or presence of CpG (5  $\mu$ g/ml). 15 hrs later PDCs were co-cultured with CFSE-labeled CD4<sup>+</sup> T cells from OT-II mice (in a PDC:T cell ratio of 1:2). Shown in the dotplots is the proliferation of CD4<sup>+</sup> T cells after 72 hrs, thereby gated on viable TCR<sup>+</sup> B220<sup>-</sup> CD4<sup>+</sup> cells.

(B) Impact of different activation stimuli on the CD4<sup>+</sup> T cell priming capacity of PDCs. PDC:T cell co-culture was performed as described before with targeting OVA via mPDCA-1. Bar diagram indicates the influence of additional stimuli on PDC-induced T cell proliferation.

(C) **Bar diagram compares the efficiency of different OVA targeting constructs.** PDCs were incubated with titrated amounts of OVA peptide or mPDCA-1 targeting construct and activated with CpG before co-culture with naive T cells. Shown is the median T cell proliferation and range after 72 hrs co-culture (n=2-4).

(D) Influence of the antigen availability on the T cell priming capacity of PDCs. PDC:T cell co-culture was performed as described before modifying the time of antigen presence: anti-mPDCA-1-F(ab')<sub>2</sub>-OVA was washed out after indicated times or not. Shown in the bar diagram is the proliferation of naive CD4<sup>+</sup> T cells after 72 hrs.

These results were generated not only in C57BL/6 background but also PDCs isolated from Balb/c mice were able to efficiently prime OVA-specific CD4<sup>+</sup> T cells from DO11.10 mice (data not shown).

# 4.3.3.3 Priming capacity of PDCs from different lymphoid organs

To analyze the priming capacity of PDCs from different lymphatic tissues, PDCs were isolated from lymph nodes, spleen, and bone marrow or were generated *in vitro* from FL cultures. PDCs were targeted with anti-mPDCA-1-F(ab')<sub>2</sub>-OVA targeting construct and co-cultured with antigen-specific T cells in the presence of a CpG stimulus as described above. In Fig. 4.3.6A the proliferation of CFSE-labeled OT-II CD4<sup>+</sup> T cells is shown. Representative dotplots of PDCs from different lymphoid origins are depicted, demonstrating the proliferation of CD4<sup>+</sup> T cells. The T cell proliferation initiated by PDCs isolated from LNs ranged from 58% to 78%. Spleen PDCs induce between 48% and 82% T cell proliferation, BM-PDCs between 47% and 91%, and finally *in vitro* generated PDCs 40% to 97% proliferation (Fig.4.3.6B). The overall mean proliferation ranged from 72% to 82%. These results indicated that activated PDCs from all lymphoid origins tested have a similar stimulatory capacity and were able to efficiently prime CD4<sup>+</sup> T cells.



Β

Priming of naïve CD4<sup>+</sup> T cells by PDCs of different organs





(B) Scatter diagrams summarize the priming capacities of PDCs derived from several lymphoid organs. Values represent mean proliferation of OVA-TCR<sup>tg</sup> CD4+ T cells from (A).

# 4.3.4 PDC-induced (cross-) priming of CD8<sup>+</sup> T cells *in vitro*

# 4.3.4.1 Cross-presentation and –priming capacity of mouse PDCs

PDCs were often regarded to support CD8<sup>+</sup> T cell priming by secretion of type I interferons [Yoneyama H, JEM 2005; Le Bon A, Nat Immunol 2003], which further activates/sharpens the cross-priming machinery of bystander APCs [Lapenta C, EJI 2006]. However, there were reports showing that only SIINFEKL-loaded PDCs are able to stimulate CTLs via peptide:MHC-I complexes, but not OVA protein loaded PDCs. Thus, a direct evidence of the cross-priming capacity remains controversial [Lou Y, JI 2007; Liu C, J Clin Invest. 2008; Schlecht G, Blood 2004].

Here, isolated spleen PDCs were loaded with antigen and co-cultured with isolated and CFSElabeled CD8<sup>+</sup> T cells from OT-I mice (as described in analogy to the CD4<sup>+</sup> T cell experiments). Based on the previous experiments, PDCs were either left unstimulated or were activated with CpG. As shown in Fig. 4.3.7A, in the absence of antigen PDCs did not induce a T cell response, also upon CpG-activation. In contrast, SIINFEKL peptide-loaded PDCs were strongly stimulating CD8<sup>+</sup> T cells. In this case, an additional stimulus showed no effect as also unstimulated PDCs presented the (exogenously loaded) peptide for efficient T cell priming. But if antigen was taken up via mPDCA-1, only activated PDCs efficiently cross-prime T cells, whereas soluble OVA [data not shown] or OVA conjugated to isotype-matched control antibody were unable to induce a significant T cell proliferation. At least higher concentrations were needed to induce similar responses (Fig. 4.3.7A+B). In all experiments in which PDCs had been incubated with OVA protein and had to process the antigen, a stimulus was required for optimal cross-presentation and T cell priming.





(A) *In vitro* cross-priming of naive CD8<sup>+</sup> T cells by PDCs. Shown in the dotplots is a representative overview of the CD8<sup>+</sup> T cell proliferation (OT-I) after 72 hrs co-culture with isolated spleen PDCs. PDCs were either left untreated or incubated in the presence of SIINFEKKL peptide, anti-mPDCA-1-F(ab')<sub>2</sub>–OVA or OVA-conjugated to irrelevant rat  $F(ab')_2$  for 15 hrs. If indicated PDCs receive an additional CpG stimulus (5 µg/ml CpG 1826). After this time period, highly pure (>95%) CFSE-labeled CD8<sup>+</sup> T cells from OT-I mice were added to PDCs and co-cultured for additional 72 hours. T cell proliferation was examined by flow cytometry. Dotplots show a representative overview of CD8<sup>+</sup> T cell proliferation induced by spleen PDCs.



PDCs incubated with indicated amounts of OVA [µg/ml]





**(B) Priming of naive CD8<sup>+</sup> T cells by PDCs after targeting with different OVA constructs.** To compare the efficiency of different OVA targeting constructs PDCs were incubated with titrated amounts of soluble OVA, anti-mPDCA-1-F(ab')<sub>2</sub>-OVA, and isotype control F(ab')<sub>2</sub>-OVA before co-culture with CFSE-labeled OVA-transgenic CD8<sup>+</sup> T cells. Shown is the proliferation after 72h hrs of co-culture (mean and standard deviation of n=1-4).

(C) Cross-priming capacities of PDCs from different lymphoid organs. PDCs from different lymphoid organs or generated *in vitro* were isolated and incubated in the presence of anti-mPDCA-1-F(ab')<sub>2</sub>–OVA and CpG stimulus. PDCs were then co-cultured with CD8<sup>+</sup> T cells to compare their cross-priming capacities. Scatter diagram shows the T cell proliferation after 72 hrs (n=6-9). Values represent mean proliferation of CD8<sup>+</sup> T cells after co-culture.

# 4.3.4.2 Cross-priming capacity of PDC from different lymphoid organs

By comparing the cross-priming efficiency of PDCs from different lymphoid tissues, Fig. 4.3.7C indicates that there were no considerable differences in the capacity of PDCs to induce proliferation of naive CD8<sup>+</sup> T cells: LN-PDCs induced 63-98% proliferation, PDCs from spleen demonstrated 78-99%, PDCs isolated from BM or generated *in vitro* (FL-PDCs) induced 55-97% and 52-95% proliferation, respectively. The mean proliferation ranged between approximately 85-95%.

# 4.3.5 Receptor blocking elucidates specificity of mPDCA-1–mediated antigen delivery for priming of CD4<sup>+</sup> and CD8<sup>+</sup> T cells

To show the specificity of antigen-uptake and processing via mPDCA-1, the receptor was blocked with excess of unconjugated anti-mPDCA-1 mAb during incubation with anti-mPDCA-1- $F(ab')_2$ -OVA. CpG-stimulated PDCs were then co-cultured with either CD4<sup>+</sup> or CD8<sup>+</sup> T cells as mentioned before. Fig. 4.3.8A+B shows that blocking the receptor almost abolished the CD4<sup>+</sup> T cell priming. The mean proliferation was reduced from 71.01% (+/-5.33) to 2.43% (+/-0.51). In addition, proliferation of CD8<sup>+</sup> T cells induced by anti-mPDCA-1-F(ab')<sub>2</sub>-OVA-targeted PDCs was markedly inhibited (up to 95%) by blocking the receptor: 83.55% (+/-6.37) vs. 9.43% (+/-3.16) (Fig. 4.3.8A+B). On the other hand, mPDCA-1 blocking had no effect on the uptake and processing of (high doses of) soluble OVA or the presentation of OVA peptide (data not shown), indicating that the inhibition of T cell priming after blocking the mPDCA-1 receptor did not influence other pathways involved in antigen presentation.





PDCs were loaded with anti-mPDCA-1-F(ab')<sub>2</sub>-OVA and activated with CpG ODN 1826 before co-culture with OVA-specific, CFSE-labeled CD4<sup>+</sup> or CD8<sup>+</sup> T cells as described earlier. To block the receptor, PDCs were incubated with excess of unconjugated anti-mPDCA-1 mAb (100  $\mu$ g/ml) before adding the antigen.

(A) Representative dotplots give an impression of T cell proliferation after mPDCA-1 mediated antigen-uptake (*left dotplots*) or after blocking the receptor (*right dotplots*).

(B) Scatter diagrams summarize the effect of mPDCA-1 receptor blocking on antigen-specific CD4<sup>+</sup> or CD8<sup>+</sup> T cell proliferation. Here, unblocked priming experiments were compared to experiments in which mPDCA-1 was blocked. Shown is the relative T cell proliferation.

In summary, these results indicated that mPDCA-1 might serve as a specific antigen uptake receptor for PDCs delivering its ligands for both MHC-I and MHC-II presentation.

# 4.3.6 PDC activation: Up-regulation of co-stimulatory and MHC molecules (maturation)

The experiments above demonstrated a strong effect of CpG and other TLR agonists on the priming capacities of PDCs. The influence of TLR7 and TLR9 triggering on the activation of these cells was of particular interest. Therefore, murine PDCs were activated with TLR ligands (Loxoribine or numerous CpG oligonucleotides) *in vitro*. After 24 and 48 hours, respectively, CD80 and CD86 expression on PDCs was determined by flow cytometry. Although there were

differences in the kinetics, Fig. 4.3.9A demonstrated a strong upregulation of the co-stimulatory molecules CD80 and CD86 upon activation *in vitro* with all CpG ODNs or Loxoribine. Administration of anti-CD40 mAb (clone FGK45.5) did not show significant effects *in vitro*. Interestingly, mouse (B type) CpG ODNs 1826 and 1668 as well as Loxoribine gave a slightly better impact compared to human CpG ODNs 2006 (B type) and 2216 (A type). In contrast, the amount of secreted interferon alpha was comparable between all CpG types (data not shown). This activation pattern was also observed by evaluation of further activation indicators (CD69), the co-inhibitory marker PD-L1 (also known as B7-H1 or CD274) as well as MHC-I and -II molecules, as was evident by Fig. 4.3.9B.



#### Figure 4.3.9 In vitro activation and maturation of PDCs.

(A) Effect of different stimuli on the expression of CD80 and CD86 on PDCs. BM-PDCs were cultured in medium alone or in the presence of different stimuli (5 µg/ml CpG, 20 mM Loxoribine, and 25 µg/ml anti-CD40 mAb). Flow cytometric analysis was performed 24 and 48 hrs later, respectively. Bar diagram shows the mean fluorescence intensity of CD80 and CD86 expression on PDCs, respectively (n=2).

(B) **TLR9 triggering resulted in upregulation of activation markers.** Effect of *in vitro* CpG stimulation on the expression of CD40, CD80, CD86, CD69, CD274 (PD-L1), 4-1BBL, as well as MHC class I and II molecules on PDCs. Bar diagram demonstrates the relative expression [mean fluorescence intensity] of indicated markers of either medium-cultured or CpG-activated PDCs after 24 hrs as obtained by flow cytometric analysis. For co-stimulatory molecules and activation markers the y-axis is drawn is logarithmic scale, whereas the expression of MHC molecules is displayed linearly. Shown is the mean +/- SEM of n=4.





(C) Purified PDCs are cultured in the absence or presence of a stimulus (5 µg/ml CpG). 10<sup>5</sup> PDCs/100µl are seeded into 96-well culture plates and cultured for 24 hrs. Shown is a representative microscopic survey of untreated PDCs and activated PDCs demonstrating cluster formation.

Taken together the stimulation of PDCs with TLR7 and TLR9 ligands resulted in an efficient upregulation of common co-stimulatory or co-inhibitory molecules, activation markers and MHC molecules, representing an activated state of PDCs. Beside these phenotypical changes also morphological modifications were apparent *in vitro*. In particular, CpG-activation of PDCs resulted in a typical "cluster formation" as shown in Fig. 4.3.9C. This phenomenon had also been described by Carine Asselin-Paturel for PDCs under inflammatory conditions (unpublished observations).

# 4.3.7 PDC activation: Impact on antigen processing capacity?

The above data demonstrate that PDCs loaded with OVA peptide or protein can prime naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells. Referring to the basic necessity of an additional PDC stimulation for efficient T cell priming it was still unclear to which degree this activation influenced only the upregulation of co-stimulatory molecules (see chapter 4.3.6) or led to an onset of the antigen processing and presentation machinery. Surprisingly, if PDCs were loaded exogenously with OVA peptide, an extra stimulation had no effect on the presentation capacity of PDCs, as demonstrated by identical CD4<sup>+</sup> (Fig. 4.3.10A) or CD8<sup>+</sup> T cell proliferation (Fig. 4.3.7A+B). A possible explanation could be that in this case the upregulation of co-stimulatory molecules was irrelevant and the activation influenced (only) the processing pathway.

Expecting that an additional stimulus would have a significant effect on the priming capacity of PDCs at lower peptide concentrations, the following experiment was performed. PDCs were loaded with titrated amounts of OVA peptide in the presence or absence of a stimulus before co-culture with naïve  $CD4^+$  T cells. The results of the T cell proliferation showed that also at lower peptide concentrations no differing priming capacity was observed for activated or unstimulated PDCs. In general, below a certain threshold of the antigen dose no visible T cell proliferation was detected (Fig. 4.3.10B). Thus, the above hypothesis could not be confirmed and the impact of an additional PDC stimulation on the antigen processing and presentation or T cell priming capacity was still not resolved.





(A) **Influence of additional activation on the peptide presentation of PDCs.** Where indicated, isolated PDCs were loaded with 5  $\mu$ g/ml OVA<sub>323-339</sub> peptide and optionally received an additional stimulus, as described before. The scatter diagram shows T cell proliferation after 72 hrs co-culture with OVA-specific CD4<sup>+</sup> T cells. Displayed line represents median of T cell proliferation.

(B) Impact of PDC activation on the peptide presentation capacity as demonstrated by CD4<sup>+</sup> T cell priming. To analyze if an additional stimulus is required for the presentation of peptides in lower concentrations, PDCs were incubated with titrated amounts of  $OVA_{323-339}$  peptide and then co-cultured with naive CD4<sup>+</sup> T cells in the absence or presence of a CpG stimulus (5 µg/ml). Bar diagram shows the resulting T cell proliferation after 72 hrs. Demonstrated is the mean and range of n=3.

At this point the following assumptions were hypothesized: In principle, PDCs were able to efficiently present exogenously loaded OVA peptide to T cells, independently of their activation status but this activation influenced the processing/presentation of OVA protein. To confirm this hypothesis processed OVA should be detected on MHC-I molecules via an anti-H-2k<sup>b</sup>:SIINFEKL specific mAb only if PDCs were activated. This mAb adequately stained SIINFEKL-loaded PDCs as shown by FACS analysis in Fig. 4.3.11A (and other dendritic cells; data not shown). Interestingly, additional CpG-activation further increased the signal intensity for peptide-loaded MHC-I molecules (Fig. 4.3.11B), possibly by upregulation of the MHC expression (Fig. 4.3.9B). Further experiments revealed the specificity of the antibody by blocking the staining, and demonstrated the detection limit of the antibody, which was about 5-50 ng/ml (Fig. 4.3.11C). In contrast, processed OVA was never detected on MHC-I molecules of PDCs and other professional APCs, although high (unphysiological) OVA concentrations were used. This may reflected the limited sensitivity of the antibody or the low amount of processed SIINFEKL sequences (Fig. 4.3.11D and data not shown).





(A) Flow cytometric analysis of anti-H-2k<sup>b</sup>:SIINFEKL mAb staining (clone 25D1). Isolated PDCs from C57BL/6 mice were cultured in the presence or absence of SIINFEKL peptide (100 ng/ml) and were stained for CD11c expression and SIINFEKL peptide in the context of MHC-I molecules on the next day.

(B) CpG effect on SIINFEKL-MHC-I loading. PDCs were loaded with titrated amounts of SIINFEKL peptide in the absence or presence of CpG ODN 1826 [5 µg/ml]. Anti-H-2k<sup>b</sup>:SIINFEKL staining was performed 24 hrs after loading. Graph shows the mean fluorescence intensity of anti-H-2k<sup>b</sup>:SIINFEKL staining as assessed by flow cytometric analysis.

(C) Blocking of H-2kb:SIINFEKL staining. SIINFEKL-loaded PDCs were stained with anti-H-2k<sup>b</sup>:SIINFEKL mAb in the presence or absence of excess of unconjugated anti-H-2kb:SIINFEKL mAb (c<sub>fin</sub>=100µg/ml) before flow cytometric analysis.

(D) MHC-I presentation of processed OVA antigen on PDCs. PDCs were cultured for 24 hrs with titrated amounts of SIINFEKL peptide, soluble OVA or OVA conjugated to anti-mPDCA-1-F(ab')<sub>2</sub> targeting construct in the presence or absence of different stimuli. Bar diagram demonstrates flow cytometric analysis of anti-H-2k<sup>b</sup>:SIINFEKL stainings on PDCs as described before.

Thus, these experiments did not resolved the influence of an additional activation on PDCinduced T cell priming, and both hypotheses (the requirement of a second signal by costimulatory molecules and the effect on the antigen processing and presentation machinery) were still questionable.

# 4.3.8 Cytokine production of expanded CD4<sup>+</sup> T cells after PDC-mediated priming

Conventional and plasmacytoid DCs differed in their role to initiate adaptive T cell responses. It has been shown that PDCs were able to induce proliferation of antigen-specific, naïve CD4<sup>+</sup> T cells after mPDCA-1 targeting [Sapoznikov A, JEM 2007]. Hereby the T cell priming was

associated with generation of cytokine-producing effector (memory) T cells, whereas also abortive T cell responses or anergy had been reported [Hawiger D, JEM 2001; Itano AA, Nat Immunol 2003; Sporri R, Nat Immunol 2005]. Therefore the cytokine production and polarization pattern was investigated after restimulation of effector-memory CD4<sup>+</sup> T cells that had been initially primed with mPDCA-1-OVA-targeted, CpG-activated PDCs *in vitro*. T<sub>H</sub>1-polarized CD4<sup>+</sup> T helper cells were characterized by the production of TNF $\alpha$  and IFN $\gamma$  whereas the presence of IL-4, IL-5, IL-10, and IL-13-producing cells would suggest a T<sub>H</sub>2 polarization.

The appearance of T cells producing IL-2,  $TNF\alpha$ , and  $IFN\gamma$  demonstrated that under these circumstances mainly a T<sub>H</sub>1-polarization occurred. The secretion of this characteristic cytokines was shown by representative intracellular stainings in Fig. 4.3.12A. No difference between PDCs that were loaded with OVA peptide or targeted with anti-mPDCA-1-OVA or isotype control mAb conjugated to OVA protein could be detected.

Few IL-4 producing T cells ( $T_H2$ ) were detected (Fig. 4.3.12B) only if peptide-loaded PDCs (but not spleen cells) were used. In contrast, PDCs incubated with the mPDCA-1 targeting construct did not induce the generation of IL-4 producing T cells.



Figure 4.3.12 Cytokine profile of restimulated CD4<sup>+</sup> T cells after PDC-mediated priming.



Figure 4.3.12 Cytokine profile of restimulated CD4<sup>+</sup> T cells after PDC-mediated priming.

CSFE-labeled CD4<sup>+</sup> T cells (isolated from OT-II or DO11.10) were primed with (CpG-activated) syngenic PDCs after targeting OVA via mPDCA-1 as described earlier. 72 hrs after initial proliferation, T cells were expanded for additional seven days in the presence of recombinant human IL-2. One day after removal of IL-2, T cells were restimulated with PMA/lonomcyin for 6 hrs prior to assessment of intracellular cytokine production by flow cytometric analysis. Resulting cytokine profiles are representatives of at least three independent experiments. Asterisks indicate that priming occurred in the presence of CpG.

(A) T<sub>H</sub>1 cytokine profile of PDC- and cDC-primed T cells shown by intracellular staining of IL-2, IFNγ, and TNFα.

(B)  $T_H 2$  cytokine profile evaluated by intracellular staining of IL-4 vs. IFN $\gamma$  after initial priming by PDCs and splenocytes.

(C) Secretion of IL-17 and IFNy (shown are intracellular stainings) upon PDC-induced priming.

(D) IL-10 and IFN $\gamma$ -producing CD4<sup>+</sup> T cells were assessed comparing the outcome after PDC- and cDC-induced priming. cDCs are represented by CD11c<sup>high</sup> cells isolated from spleen.

Among the classical  $T_H 1/T_H 2$  polarization, T cells were recently classified into other subsets according to the cytokine production and their function. Here, also the presence of IL-17producing T cells was evaluated (~7%; see Fig. 4.3.12C), demonstrating the induction of socalled  $T_H 17$  cells [Harrington LE, Curr Opinion Immunol 2006]. In general, after PDC-initiated priming the majority of resulting CD4<sup>+</sup> T cells (50-75%) secrete IFN<sub>Y</sub> upon restimulation. Interestingly, about 10-20% of all CD4<sup>+</sup> T cells were IFN<sub>Y</sub> IL-10 double-positive (Fig. 4.3.12D). The generation of these IFN<sub>Y</sub><sup>+</sup> IL-10<sup>+</sup> T cells was preferably induced by PDCs but not cDCs. These cells might have a regulatory function. The production of the anti-inflammatory cytokine IL-10 is normally restricted to the  $T_H 2$  linage, but can also be secreted by regulatory T cells (such as Treg and Tr1) [Groux H, JI 1997; Asseman C, JEM 1999; de la Rosa M, EJI 2004].

In summary, these data revealed that after targeting OVA antigen to mPDCA-1, PDCs initiated a functional CD4<sup>+</sup> T cell immune response dominated by a T<sub>H</sub>1 phenotype. Beside the classical polarization and independent of the route they had acquired the antigen, PDC-mediated T cell priming also led to the generation of recently reported T<sub>H</sub>17 and IL-10<sup>+</sup> IFN $\gamma^+$  cells, which might support the role of PDCs in tolerance as well autoimmune diseases.

# 4.3.9 Conclusion

Although PDCs were believed to link innate and adaptive immune responses by production of type I interferon, it remained controversial whether PDCs were in fact able to prime naïve T cells. Here the function of the recently described PDC-specific receptor mPDCA-1 investigated as well as the potential of PDCs to induce naive CD4<sup>+</sup> and CD8<sup>+</sup> T cell responses after targeting a model antigen (Ovalbumin) to mPDCA-1.

Targeting of PDC with OVA-conjugated anti-mPDCA-1 mAb, but not with an equivalent amount of soluble OVA or OVA conjugated to isotype control antibody, resulted in strong proliferation of OVA-specific naïve CD4<sup>+</sup> T cells. The same was observed for OVA-specific naïve CD8<sup>+</sup> T cells showing that PDCs were capable of cross-priming exogenous antigens. Blocking the receptor with excess of unconjugated anti-mPDCA-1 mAb inhibited priming of CD4<sup>+</sup> and CD8<sup>+</sup> T cells. These results indicated that mPDCA-1 might serve as an antigen uptake receptor delivering its ligands for MHC-I and MHC-II presentation. Interestingly, processing and presentation of antigens taken up via mPDCA-1 were strongly dependent on stimulation, since only activated but not immature PDC were able to prime naïve antigen-specific T cells. In contrast, antigen uptake was independent of activation as unstimulated PDC also internalized the mAb-receptor complex.

These results demonstrated that PDC could take up and process antigens for efficient priming of naïve T cells and thus combined innate and adaptive functions. Hereby mPDCA-1 served as beneficial antigen-uptake receptor for efficient antigen delivery.

# 4.4 Heterogeneous Sca-1 expression defines two functional different PDC subsets4.4.1 Sca-1 is differentially expressed on PDCs

Recently it has been reported that PDCs express Sca-1 [O'Keeffe M, JEM 2002]. But neither its function in these cells nor any differential expression could be demonstrated. Here it was shown that splenic PDCs from BALB/c mice as well as other strains display a heterogeneous expression of Sca-1. About 50% of mPDCA-1<sup>+</sup> PDCs expressed Sca-1 at a very high level, whereas the other PDCs failed to express or expressed intermediate levels of this molecule (Fig. 4.4.1A, middle dotplot).

Also in other lymphoid organs a differential expression of Sca-1 within the PDC population could be observed. Interestingly, the proportion of the Sca-1<sup>+</sup> subsets showed an organ specific variation Fig. 4.4.1A. The frequencies of Sca-1-expressing PDCs in different lymphoid organs are summarized in Fig. 4.4.1B. Among organs tested the percentage of Sca-1<sup>+</sup> PDCs was lowest in BM (10-20%) and increased through peripheral blood (20-25%) and spleen (50%) reaching its maximum in LN (70-85%), which could indicate a correlation between Sca-1 expression and the maturation/activation status of PDCs. Additionally, as shown in Fig. 4.4.1A, PDCs expressed Sca-1 at the highest level in all organs tested, when compared to other cells analyzed.



#### Fig 4.4.1 Heterogeneous expression of Sca-1 on PDCs.

(A) PDCs from different lymphoid organs of Balb/c mice were stained for mPDCA-1 and Sca-1. Dotplots demonstrate a representative flow cytometric analysis of the differential Sca-1 expression on PDCs within a single cell suspension from BM, spleen, and LNs.

(B) The differential Sca-1 expression on PDCs from different lymphoid organs was further analyzed by flow cytometry. The bar diagram demonstrates the percentage of Sca-1+ PDCs within PDCs from different lymphoid organs. Shown is the mean and SEM ( $n\geq2$ , with exception of liver [n=1]).

In current literature there are reports showing homogeneous Sca-1 expression on PDCs [O'Keeffe M, JEM 2002]. This could be due to the fact that these studies were performed using C57BL/6 mice that are of the Ly-6.2 haplotype. Non-activated splenocytes from Ly-6.2 strains including C57BL/6, SJL, Sv129, AKR, and others show higher frequency of Sca-1<sup>+</sup> cells compared to the Ly-6.1 strains such as BALB/c, C3H, NZB, and DBA [Yang L, JI 2005; Malek TR, JEM 1986; Ortega G, JI 1986; Codias EK, Immunogenetics 1989]. The high percentage of Sca-1<sup>+</sup> PDCs in Ly-6.2<sup>+</sup> C57BL/6 mice could induce the authors to the conclusion that the Sca-1 expression on PDCs in this strain is homogenous. Consequently, the Sca-1 expression pattern was investigated in several Ly-6.1 and Ly-6.2 mouse strains. As shown in Fig. 4.4.2, a heterogeneous expression of Sca-1<sup>+</sup>. In contrast, in several other strains, such as Balb/c and FVB a more balanced ratio between Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs (45-65%) was observed. In the Ly-6.1<sup>+</sup> DBA/1 mice actually the majority of PDCs (~80%) failed to express Sca-1.





Spleen PDCs were isolated from different mouse strains and stained for the expression of Sca-1. The bar diagram displays the distribution of the Sca-1 expression on PDCs as evaluated by FACS analysis. Shown are mean and SEM (n=1-5).

## 4.4.2 The expression of Sca-1 correlates with the developmental stage of PDCs

Sca-1 has been previously described as an important indicator for stem cell/progenitor cells and is involved in T cell differentiation and proliferation. The initial results indicated that the expression of Sca-1 on PDCs could correlate with the maturation status of PDCs, since the proportion of Sca-1<sup>+</sup> PDCs was lowest in BM and increased in the peripheral tissues reaching its maximum in secondary lymphoid organs (see chapter 4.4.1).

To investigate the regulation of Sca-1 during PDC development, the incorporation of BrdU in developing PDCs was tested *in vivo*. Since PDCs in the periphery are regarded as non-dividing, resting cells [O'Keeffe M, JEM 2002], BrdU incorporation was only expected in PDCs newly developing from BM progenitors. Mice received intraperitoneal BrdU injections and four days later, BM and spleen cells were isolated and intracellular BrdU stainings were performed. Within the BrdU<sup>-</sup> PDCs an equal distribution of Sca-1<sup>+</sup> and Sca-1<sup>-</sup> could be observed. In contrast, within the BrdU<sup>+</sup> compartment the majority of PDCs (90%) failed to express Sca-1 (Fig. 4.4.3A). For BM-PDCs the majority of BrdU<sup>+</sup> cells were within the Sca-1<sup>-</sup> compartment.



### Fig 4.4.3 Correlation of Sca-1 expression and PDC proliferation.

(A). Mice received i.p. BrdU injection. Four days later single cell suspensions of sp leens (left dotplot) and BM (right dotplot) were analyzed for BrdU incorporation in PDCs (gated on mPDCA-1<sup>+</sup> Sca-1<sup>+/-</sup>) as revealed by intracellular FACS staining. Dotplot gives a representative impression on the distribution of BrdU incorporation and Sca-1 expression in spleen PDCs.



Fig 4.4.3 Correlation of Sca-1 expression and PDC proliferation.

(B) Mice received a single i.p. BrdU injection (1 mg at day 0) and BrdU was then provided in drinking water until day 5. From this day on until days 28, PDCs were isolated from indicated lymphoid organs, stained for PDC-specific marker mPDCA-1 and Sca-1 as well as intracellular BrdU to determine the BrdU incorporation. Bar diagrams represent the percentage of BrdU<sup>+</sup> PDCs within both Sca-1<sup>+/-</sup> subsets, showing the mean and SEM from one experiment with two animals per time point based on data from the flow cytometric analysis.

This preliminary experiment indicated that Sca-1<sup>-</sup> PDCs appear earlier in the development of PDCs than the Sca-1<sup>+</sup> PDCs. These data also suggested a "developmental transition" of Sca-1<sup>-</sup> PDCs to Sca-1<sup>+</sup> PDCs. To verify this hypothesis and to gain more data about the developmental processes and the Sca-1 expression a pulse/chase experiment was performed and the incorporation of BrdU both within the Sca-1<sup>-</sup> and Sca-1<sup>+</sup> compartment of PDCs was analyzed in several lymphoid organs. For this, mice received an initial i.p. administration of BrdU and this thymidine analogue was also provided in the drinking water. Five days later, BrdU was removed from the drinking water and its incorporation was flow cytometrically assessed in both Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDC subsets.

As expected, a higher incorporation of BrdU was detected in the Sca-1<sup>-</sup> PDCs of all organs (except blood) in the first phase after removal of BrdU (Fig. 4.4.3B). In particular between days 0 and 4 after removal, in spleen and LNs the discrepancy of incorporated BrdU between Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs was biggest. Here, significantly more Sca-1<sup>-</sup> than Sca-1<sup>+</sup> cells were found in BrdU<sup>+</sup> PDC compartment. Further differences were observed in the BM, although in this organ the BrdU incorporation should be assessed earlier. For blood PDCs an inconsistent, not-significant effect was detected. In contrast, at later times (between 7 and 15 days after BrdU removal) a shift in the proportion for BrdU<sup>+</sup> between Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs was detected:

Here, the highest BrdU contingent was found in Sca-1<sup>+</sup> PDCs. In general, this shift was first observed in BM, followed by spleen and LNs suggesting a transition of Sca-1<sup>-</sup> to Sca-1<sup>+</sup> PDCs by upregulation of this marker during their post-proliferation phase or at a more mature stage. Finally, about 15 days after BrdU removal BrdU<sup>+</sup> PDCs from almost all organs disappeared, likely due to the restricted life span of PDCs of about 2-3 weeks. Another explanation might be that at this time point recently generated PDCs were excluded from the analysis as only BrdU<sup>+</sup> PDCs were analyzed.

## 4.4.3 The expression of Sca-1 correlates with the maturation level of PDCs

The above-described results led to the suggestion that Sca-1 is differentially regulated during the life span of PDCs. In the past, Sca-1 was often described to be associated with T cell differentiation, but also cell adhesion and signaling [Codias EK, JI 1990; Flood PM, JEM 1990]. The Ly-6 family was also involved in regulation and function of T cell activation and thereby Sca-1 was expressed at high levels on T cells upon activation, regardless of the Ly-6 haplotype [Codias EK, JI 1990; Flood M, JEM 1990; Bamezai A, JI 1995]. Significantly more Sca-1<sup>+</sup> PDC were detected in LNs compared to the BM, and BM-PDCs were regarded as less differentiated activated. To test whether Sca-1 expression on PDCs correlated with the or activation/maturation status, PDCs were stimulated with different TLR agonists and the expression level of Sca-1 was analyzed by flow cytometry. PDCs were isolated from spleen or BM and checked for purity and Sca-1 expression. In a first experiment, PDCs were cultured in the presence of CpG and analyzed for Sca-1 expression after 15 hrs. Comparing freshly isolated vs. CpG-stimulated PDCs, a strong upregulation of the Sca-1 expression was found after *in vitro* activation (Fig. 4.4.4A). The percentage of Sca-1<sup>+</sup> PDCs increased upon stimulation from 46% to 93% (spleen PDCs) and from 7% to 42% (BM-PDCs).





(A) Sca-1 upregulation *in vitro*. PDCs were isolated from spleen (upper dotplots) or BM (lower dotplots) and checked for purity and Sca-1 expression. PDCs were then cultured for 15 hrs in the presence of 5  $\mu$ g/ml CpG and analyzed again. Shown is a representative flow cytometric analysis of the Sca-1 expression on PDCs, gated on mPDCA-1<sup>+</sup> cells.

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(B) Sca-1 expression on PDCs after *in vivo* activation with synthetical TLR agonists and CD40 ligation. Shown in the upper dotplots is the Sca-1 distribution on B220<sup>+</sup> mPDCA-1<sup>+</sup> spleen PDCs before and 15 and 40 hrs after i.v. administration of 50 μg poly-I:C. In the lower dotplots spleen PDCs were cultured in the absence or presence of additional TLR stimuli. 24 hrs after activation with Loxoribine, CpG ODN 1668, or after treatment with 50 μg anti-CD40 mAb (clone FKG45.5; rat IgG<sub>2a</sub>). PDCs were isolated, stained with Siglec-H and analyzed for Sca-1 expression.

Additional *in vivo* activation by i.v. administration of TLR3 ligand poly-I:C led to a significant upregulation of this marker within 15-40 hrs (Fig. 4.4.4B). After activation, almost all spleen PDCs were positive for Sca-1 and also the absolute expression level increased (indicated by staining intensity, Fig. 4.4.4B). This effect was also consistent in other organs tested, like BM, LNs, and liver (data not shown).

When activated with anti-CD40 mAb or other types of CpG ODNs an upregulation of Sca-1 expression could be observed as well (>90% of all spleen PDCs expressed Sca-1). Of all stimuli tested, only the TLR7 agonist Loxoribine showed a poor capacity to induce upregulation of Sca-1 expression on PDCs (Fig. 4.4.4B). In general, these *in vitro* and *in vivo* results clearly demonstrated that PDCs upregulate the expression of Sca-1 upon activation and this molecule could serve as a sensitive marker for the activation status of murine PDCs.

In a transfer experiment it was investigated whether Sca-1<sup>+</sup> PDCs develop directly from the Sca-1<sup>-</sup> subset. For this, Sca-1<sup>-</sup> PDCs isolated from spleen or BM were administrated i.v. into a second mouse. Transferred spleen PDCs that were detected 24 hrs later in both spleen and liver, predominantly upregulated this marker (approx. 75-90% of grafted PDCs were Sca-1<sup>+</sup>; Fig. 4.4.5A+B). Not only the frequencies of Sca-1<sup>+</sup> PDCs increased (Fig. 4.4.5B, left bar diagram), also the expression level of Sca-1 on grafted PDCs was upregulated in contrast to host PDCs (Fig. 4.4.5B, right bar diagram, and data not shown). Although there were no differences in the frequency, a significant dissimilarity in the expression level between grafted PDCs found in spleen or liver was demonstrated, possibly suggesting an influence of the organ environment. No variation was found comparing the origin of transferred PDCs, either derived from spleen or BM.



#### Fig 4.4.5 Upregulation of Sca-1 expression on transferred PDCs.

(A) The dotplots give an impression of the isolation, labeling, and transfer process of PDCs within this experiment. PDCs were untouched isolated from spleen (93% purity) and subsequently labeled with a cell tracker (PKH67, Sigma). Flow cytometric analysis reveals the Sca-1 distribution before and 24 hrs after i.v. administration. The Sca-1 distribution was then assessed only on transferred mPDCA-1<sup>+</sup> pKH67<sup>+</sup> PDCs (red gate). One representative experiment out of two is shown.

(B) Bar diagram demonstrates expression of Sca-1 on PDCs before and 24 hrs after transfer as revealed by flow cytometric analysis. Shown is the mean frequency of Sca-1<sup>+</sup> PDCs +/- SD of n=1-3 and the mean fluorescence intensity of Sca-1 expression.

In summary these results demonstrated an evidence for the development of Sca-1<sup>+</sup> PDCs from the Sca-1<sup>-</sup> type.

Sca-1 was also described as an activation marker for T cells. Thus, a possible co-expression of Sca-1 and co-stimulatory molecules was investigated on PDCs in steady state or after activation. As demonstrated in Fig. 4.4.6, about 50% of spleen PDCs expressed Sca-1 but were negative for CD40, CD80 and CD86. A correlation of the few PDCs stained positive for the co-stimulatory molecules (<5%) with Sca-1 expression was not observed in inactivated PDCs. After CpG activation only Sca-1<sup>+</sup> PDCs were detected and almost all cells were also positive for CD40 and CD86. The majority of PDCs (>80%) also expressed CD80. The co-expression of Sca-1 with these common maturation markers implicated that the differential Sca-1 expression may describe two activation or developmental stages of PDCs. Whether the heterogeneous Sca-1 expression further represent functional differences of the subpopulations, e.g. by differential cytokine secretion, will be tested later on.



**Fig 4.4.6 Expression of co-stimulatory molecules in correlation with Sca-1 expression in both steady state and after CpG-activation.** Isolated spleen PDCs were gated on the basis of Siglec-H expression and analyzed for Sca-1 expression in correlation with indicated markers. Shown are representative dotplots from the flow cytometric analysis of freshly isolated PDCs or 24 hrs after culture in the presence of 5 μg/ml CpG 1668.

To gain further insights into the transcriptional profile of these PDC subsets, FACS-sorted Sca-1<sup>-</sup> and Sca-1<sup>+</sup> PDCs (Fig. 4.4.7A) were compared on PIQOR microarray chips. To this end mRNA was isolated from both PDC subsets (both from LNs and spleen), amplified, and hybridized to the "PIQOR Mouse Immunology" chip, which comprises more than 1,000 immunorelevant genes, that are spotted in quadruplicates. The microarrays were analyzed in analogy to the gene expression analysis described for the identification of mPDCA-1.





(A) PDCs were enriched from Balb/c spleen or LNs (data not shown), sorted into mPDCA-1<sup>+</sup> Sca-1<sup>+</sup> and mPDCA-1<sup>+</sup> Sca-1<sup>-</sup> subsets (red squares; FACS Vantage) for subsequent PIQOR micro array analysis (as described in the Materials and Methods section). Amplified and labeled RNA was hybridized onto PIQOR Mouse Immunology chips (according to manufacturer's protocol).

(B) Representative double-log scatter plot of the micro array analysis of Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs (PIQOR Mouse Immunology microarray) demonstrates the signal intensities of all detected genes that pass quality control in a single spot. On the x-axis the signal intensity detected in the Cy3 channel is depicted, whereas the y-axis demonstrates Cy5 signal intensity. Diagonals define the area of x-fold differential signal intensity.
A representative distribution of the signal intensities is shown in Fig. 4.4.7B and in the following table an overview of highly upregulated genes is listed, which demonstrated a signal intensity more than 3.5-fold higher compared to the background level and was present at least on 3 of 4 micro arrays (see Table 4.4.1A+B).

Tab. 4.4.1 A: Genes that are predominantly regulated on Sca-1 PDCs

No.	Gene name & description	Mean Regulation	Mean SD [%]	Arrays
1	RABGAP1: RAB6 GTPASE ACTIVATING PROTEIN	7,68	15	4
2	BCL6: B-CELL LYMPHOMA 6 PROTEIN	7,52	14	3
3	TRAIP: TRAF INTERACTING PROTEIN	7,39	7	4
4	CD22: B-CELL RECEPTOR CD22 PRECURSOR	6,95	16	4
5	ZBTB19: ZINC FINGER PROTEIN 278	6,30	34	3
6	TXLN: TAXILIN (IL14)	6,19	15	3
7	RRAS: RAS-RELATED PROTEIN R-RAS (P23)	5,15	11	4
8	IRF5: INTERFERON REGULATORY FACTOR 5	4,67	13	4
9	CD163: M130 ANTIGEN PRECURSOR	4,23	16	4
10	SODD: BAG-FAMILY MOLECULAR CHAPERONE	3,95	14	3
	REGULATOR-4			
11	DNAJC2: ZUOTIN RELATED FACTOR-1	3,50	20	3

Tab. 4.4.1 B: Genes that are predominantly regulated on Sca-1<sup>+</sup> PDCs

No.	Gene name & description	Mean Regulation	Mean SD [%]	Arrays
1	EGR1: EARLY GROWTH RESPONSE PROTEIN 1	28,89	54	4
2	OACT5: O-ACYLTRANSFERASE	23,00	16	3
3	NFX1: TRANSCRIPTIONAL REPRESSOR NF-X1 (EC 6.3.2.)	17,26	22	4
4	PROCR: (EPCR) ENDOTHELIAL PROTEIN C RECEPTOR	16,79	47	3
	PRECURSOR			
5	IPLA2: CALCIUM-INDEPENDENT PHOSPHOLIPASE A2	11,61	15	3
6	STAM2: SIGNAL TRANSDUCING ADAPTOR MOLECULE 2	10,40	17	3
7	EDEM1: ER DEGRADATION-ENHANCING ALPHA-	10,04	56	4
	MANNOSIDASE-LIKE.			
8	TNFR1: TNFR SUPERFAMILY MEMBER 1A PRECURSOR	8,77	38	4
9	CBLB: SIGNAL TRANSDUCTION PROTEIN CBL-B	7,32	16	4
10	DLL1: DELTA-LIKE PROTEIN 1 PRECURSOR	7,29	11	4
11	CD84: LEUKOCYTE DIFFERENTIATION ANTIGEN CD84.	7,22	55	3
12	PTPN12: PROTEIN-TYROSINE PHOSPHATASE G1	6,81	13	3
13	RLIP76: RLIP76 PROTEIN, RAL-INTERACTING PROTEIN 1	6,60	13	4
14	CD44_EX7-9_MOUSE: CD44 ANTIGEN PRECURSOR	6,17	19	3
15	BIRC2_5PRIME: BACULOVIRAL IAP REPEAT-CONTAINING	5,47	12	4
	PROTEIN 2			
16	PCGF3: POLYCOMB GROUP RING FINGER 3.	5,21	13	3
17	ITCH: ITCHY HOMOLOG E3 UBIQUITIN PROTEIN LIGASE	5,08	29	4
18	MAPK6: (ERK3) MITOGEN-ACTIVATED PROTEIN KINASE 6	5,02	15	4
19	CD69: EARLY ACTIVATION ANTIGEN CD69	4,61	34	3
20	MAPK9: (JNK2) MITOGEN-ACTIVATED PROTEIN KINASE 9	4,32	20	3
21	TBC1D23: TBC1 DOMAIN FAMILY, MEMBER 23	4,05	15	4
22	IDD: INTEGRAL MEMBRANE PROTEIN DGCR2/IDD	4,03	26	3
23	VEGC: VASCULAR ENDOTHELIAL GROWTH FACTOR C	3,67	19	4
	PRECURSOR			

In detail, genes significantly (> two-fold) over-represented in Sca-1<sup>-</sup> PDCs were e.g. IRF-5, RABGAP1, BCL, TRAIP, but also CD22 and CD163 as cell surface markers. In total about 30 genes were preferentially expressed in this PDC subset and the distribution of the differential gene regulation in each microarray is demonstrated in Fig. 4.4.7C. On the other hand in Sca-1<sup>+</sup> PDCs EGR1, OACT5, NFX1, PROCR, IPLA2, STAM2, and EDEM1 showed a more than 10-fold higher expression, and also TNFR1, CD44, CD69, CD84 and MAP kinases 6 and 9 were significantly upregulated on mRNA level. Here, almost 100 genes were significantly over-represented in Sca-1<sup>+</sup> PDCs (Fig. 4.4.7D). The complete list

containing the raw data +/s SD of all 1,070 genes regulated in all four hybridization settings is shown in the appendix (Table 7.2).



#### Fig 4.4.7 Differential Gene regulation of Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs.

(C, D) The raw data of the microarray were analyzed via MEV TIGR software. The table show an overview of the expression of genes that are predominantly regulated on Sca-1<sup>-</sup> PDCs (C) or Sca-1<sup>+</sup> PDCs (D). Hereby only genes are considered that are at least 2-fold regulated and are present at least on 3 of 4 microarrays. Colors represent an over-represented (increased) expression (red), repressed expression (green), unaltered gene expression (black). Gray colors are used if no signal was detected.

In Fig. 4.4.7E the regulated genes were clustered ontologenically. The four bar diagrams show the over-representation of several genes belonging to different ontology clusters (GOC). In general there were more genes derived from the Sca-1<sup>+</sup> PDC compartment, which in particular belonged to the Toll/cytokine receptor or NF- $\kappa$ B pathways. Comparing the GOC of differentially regulated genes from both subsets directly demonstrated that significantly more regulated genes in Sca-1<sup>+</sup> PDCs were represented in all pathways. Relative comparison (percentaged analysis) showed that the distribution of regulated genes was very similar but not identical between indicated GOC pathways. For example, genes belonging to cellular behavior, immunity, inflammation, Toll/cytokine receptor, NF- $\kappa$ B, and other signaling pathways were more represented in Sca-1<sup>+</sup> PDCs, whereas more molecules that are involved in adhesion/migration, immune reactions and in particular in metabolic pathways were enabled in the Sca-1<sup>-</sup> subpopulation.



Fig 4.4.7 Differential Gene regulation of Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs.



Fig 4.4.7 Differential Gene regulation of Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs.

(E) Gene ontology clustering. Gene ontology analysis was carried out after gene annotation (MIGO terms, GOA based extended) to verified pathways (Annotate, Miltenyi Biotec, unpublished).

At this point further experiments were necessary to assign the results of the differentially regulated genes in the context of developmental differences between Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs or their activation status. Additionally, these data might explain the functional properties reported in the next chapter.

# 4.4.4 Correlation of the different Sca-1 expression with the cytokine production capacity of PDCs

Since PDCs were regarded as the major IFN $\alpha$  producers, a functional correlation of the Sca-1 expression and their capacity to produce IFN $\alpha$  (and also other cytokines, e.g. IL-12 or TNF $\alpha$ ) was assessed. In the past, differences in the IFN-I production of PDCs have been described. Krug et al. demonstrated that mature PDCs produced decreased amounts of IFN $\alpha$  after CpG induction [Krug A, EJI 2001]. In addition there were reports demonstrating that the capacity to produce IFN-I is restricted to immature PDCs and there is a functional dichotomy between IFN $\alpha$ -producing PDCs and PDCs inducing an adaptive immune response [Jaehn PS, EJI 2008; Iparraguirre A, J Leukoc Biol. 2008]. These data and the results obtained in the previous chapters led to the suggestion that Sca-1<sup>+</sup> PDCs were more mature and were of a more differentiated stage. Thus, it was speculated that LN-resident Sca-1<sup>+</sup> PDCs from the BM and vice versa. To test this assumption, untouched isolated spleen or BM-PDCs were cultured for 6 hrs

with CpG and/or Loxoribine in order to induce IFN $\alpha$  production, followed by intracellular staining. Flow cytometric analysis (Fig. 4.4.8A, dotplots) revealed that the majority of IFNaproducing PDC belonged to the Sca-1<sup>-</sup> compartment indicating a functional difference between both PDC subpopulations. As shown by the staining intensity, BM-PDC produced higher per cell-amounts of IFN $\alpha$  when compared to spleen derived PDC. LN-derived PDCs were only weak producers (data not shown). Additionally, the IFNα production was also analyzed by specific ELISA. Untouched isolated PDCs as well as PDCs, which were additionally depleted of Sca-1<sup>+</sup> cells, were cultured in the presence of CpG. After 24 hrs culture supernatants were harvested and examined for IFN $\alpha$ . PDCs, which have been previously depleted for Sca-1<sup>+</sup> cells produced 10-fold higher amounts of IFNα upon CpG stimulation, supporting flow cytometric data obtained from intracellular IFN $\alpha$  stainings (Fig. 4.4.8A lower bar diagram). Analysis of the IFN $\alpha$  secretion capacity of PDC isolated from different lymphoid organs further underlined this observation showing a clear correlation between produced IFN $\alpha$  amount and the percentage of Sca-1<sup>+</sup> cells within the PDC compartment. BM-PDCs demonstrated a superior capacity to produce IFN $\alpha$ compared to PDCs from spleen, whereas LN-PDCs produce almost no visible IFN $\alpha$  (Fig. 4.4.8A upper bar diagram).



### Fig 4.4.8 Functional correlation of the Sca-1 expression and cytokine production capacity of PDCs.

To assess cytokine secretion, PDCs were isolated from indicated lymphoid organs and cultured in the absence or presence of TLR agonists for 7 hrs (intracellular stainings) or 24 hrs (ELISA). CpG and Loxoribine were used at a final concentration of 5  $\mu$ g/ml and 20 mM, respectively. To prevent secretion in case of intracellular staining, BrefeldinA was added in the last 4 hrs.

(A) IFN $\alpha$  production was assed by intracellular staining of BM or splenic PDCs (dotplots).

For ELISA PDCs were either isolated from different lymphoid organs (upper bar diagram) or spleen PDCs were used, which were either left untreated (representing a mixed Sca-1<sup>+/-</sup> populations) or were separated into Sca-1<sup>-</sup> PDCs (lower bar diagram). Here, inserted dotplots demonstrate the Sca-1 expression of used PDC subsets. Supernatants of unstimulated or CpG-activated PDCs were collected after 24 hrs and analyzed by IFN $\alpha$ -specific ELISA (PBL).



**Fig 4.4.8 Functional correlation of the Sca-1 expression and cytokine production capacity of PDCs.** (B) Dotplots demonstrate cytokine production in correlation to Sca-1 expression in isolated PDCs. Shown are representative intracellular stainings for IL-12 and TNFα production in untreated or TLR-triggered PDCs.

Beside the differences in their IFN $\alpha$  production, the two Sca-1<sup>+/-</sup> PDC subsets differed also in their capacity to produce TNF $\alpha$  and IL-12 when stimulated with TLR7 ligand Loxoribine (Fig. 4.4.8B). Interestingly, when stimulated with TLR9 ligand CpG, both TNF $\alpha$  and IL-12 were produced at significantly lower level and there was no difference between Sca-1<sup>+</sup> and Sca-1<sup>-</sup> subset.

In summary, the differential expression of Sca-1 on PDCs was in line with functional heterogeneity and might define two functional different subsets of PDC in mice.

# 5. DISCUSSION

An effective immune response is based on the co-operation of a variety of distinct cell types that are appointed with different characteristics and properties. These cell types can be assigned either to the innate or the adaptive arm of immunity, but for some cell populations a fix assignment is not suitable, as they are known to function in the linkage or synchronization of both immune responses. In this context, PDCs are regarded to bridge innate and adaptive immunity, but it still remains unclear whether PDCs are able to initiate adaptive immune responses in an antigen-specific manner.

To gain more insight into the complex interactions of PDCs a specifically expressed cell surface antigen should be identified and characterized, since molecules uniquely expressed by a single cell type often contribute to the specific function of these cells. At the beginning a panel of mAbs that all recognized murine PDCs was generated. After identification of the molecular nature of the novel antigen, further studies of the molecule were performed including the investigation of cytokine secretion or signaling. Functional characterization revealed a function of mPDCA-1 as an antigen-uptake receptor and demonstrated the role of PDCs in the interaction with naïve T cells. Finally, the heterogeneity and plasticity of PDCs are exemplified by the differential expression of Sca-1 on PDCs.

# 5.1 Generation of PDC-specific monoclonal antibodies and phenotyping of mPDCA-1<sup>+</sup> cells

There are several techniques to identify specifically expressed genes. The generation of a mAb against PDCs provides the advantage for the identification of the detected antigen and the isolation of cells expressing this specific molecule. Furthermore, antigens could be cloned from a cDNA library followed by FACS analysis with a specific antibody [Zhang J, Blood 2006; Dzionek A, JEM 2001; Blasius A, JI 2006]. Other methods, including "Subtractive Hybridization" or "Differential Display", only allow the identification of specifically transcribed genes but gain no information on the expression on protein level. These methods were less applicable for selectively expressed cell surface markers. Thus, the first aim of the work was the generation of a mAb against a PDC-expressed cell surface molecule. Unfortunately, the immune reaction against a specific molecule could interfere with the response against immuno-dominant antigens. In this study the recently described "contralateral footpad immunization method" was used to direct the immune reaction towards PDC-specific antigens [Brooks, PC, Journal of Cell Biology, 1993; Yin, AH, Blood 1997]. This technique is based on the fact that naïve B and T cells circulate through peripheral lymphoid organs until they detect an antigen [Breadly LM, Curr. Opin. Immunol 1996; Butcher EC, Science 1996; Picker LJ, Annu. Rev. Immunol 1992; Watson SR, Cell. Adhes. Commun 1998]. Upon recognition and additional activation these lymphocytes accumulate and arrest in the draining lymph node next to the site of infection [Jacob J, JEM 1992; Kearney ER, Immunity 1994; Ridderstad A, JI 1998; Tarlinton D, Curr. Opin.Immunol. 1998]. Thus, by the local administration of an antigen, B and T cells would be "trapped" in the draining lymph node. These specific lymphocytes were then depleted from the

#### DISCUSSION

periphery and a form of "local tolerance" against the administrated antigen would be induced. In this work, murine Sp2/0 cells or isolated NK cells were injected as decoy into the one hind footpad before inoculation with purified PDCs into the other. These decoy cells express a variety of strongly immunogenic antigens. Highly immunogenic antigens are e.g. MHC-II molecules. Thus, Sp2/0 cells were chosen for this reason. By the spatiotemporal separation an immune reaction against non-specifically expressed antigens was restricted to the one site. The other lymph node was expected to contain lymphocytes (B cells) specific for a PDC expressed molecule and finally four specific mAbs were obtained by repetitive immunizations. The clones JF-1C2, -3D5, -7B3, and -12A5 specifically detect PDCs in single cell suspensions of spleen and other lymphoid organs. The anti-mPDCA-1 mAbs does not cross-react with human PDCs (data not shown). Thus, the unknown antigen was termed "Murine plasmacytoid Dendritic Cell Antigen 1". In the past this technique has been used to generate mAbs specifically recognizing human DC subsets [Dzionek A, JI 2000], whereas other PDC-detecting antibodies were generated differently by intraperitoneal or subcutaneous inoculation of PDCs [Asselin-Paturel C, JI 2003; Blasius A, Blood 2004] or cloned Fc-fusion proteins [Zhang J, Blood 2006], followed by screening on spleen cells, PBMC or transfected cell lines. In contrast to the utilized method, in other strategies a decoy was not applied, possibly leading to an increased amount of unspecific mAbs.

These data demonstrate that contralateral footpad immunization is a reliable method for the generation of specific antibodies against cellular antigens without availability of the antigen. The local tolerance induced by this procedure might be beneficial for less immunogenic antigens. In contrast to other methods described above the obtained antibodies also facilitate the characterization of the novel molecule on protein level.

Flow cytometric analysis revealed that mPDCA-1<sup>+</sup> cells express no markers for lineage commitment, i.e. are negative for CD11b, CD19, CD49b, and CD138, and do not express the TCR. On the other hand, these cells express B220 and Ly-6C and display intermediate expression levels of CD11c. CD4 and CD8 were moderately expressed, whereas co-stimulatory molecules CD40, CD80, and CD86 were absent. MHC-II, typically expressed by APCs and DCs, is found at intermediate levels on mPDCA-1<sup>+</sup> cells. The co-expression of B220, Ly-6C, CD11c and MHC-II as well as the absence of co-stimulatory molecules and lineage markers was shown to be characteristic for murine PDCs [Nakano H, JEM 2001; Asselin-Paturel C, Nat Immunol 2001; Björck P, Blood 2001]. Thus, mPDCA-1<sup>+</sup> cells are phenotypically identical to PDCs. Multi-color FACS analysis demonstrated that the anti-mPDCA-1 mAb detects PDCs but does not react with other cells. This has been shown for PDCs in spleen and also in other lymphoid organs, including BM, liver, lung, thymus, peripheral and mesenterial LNs as well as Peyer's Patches. Interestingly, the expression level of mPDCA-1 is not identical on all PDCs. It was shown to be highest on PDCs located in secondary lymphoid organs, such as spleen or LNs, but it is significantly lower expressed on BM-PDCs. This implicates that mPDCA-1 is upregulated during the development, as immature PDCs exist in the BM developing from CD34<sup>+</sup>

DC progenitors [Banchereau J, Nature 1998; Kreisel FH, Cell Immunol 2006; Toma-Hirano M, EJI 2007]. A similar regulation was observed for other PDC markers, including Ly-49Q, Sca-1, or Siglec-H [Toyama-Sorimachi N, JI 2005; Blasius A, Blood 04].

The frequency of mPDCA-1<sup>+</sup> cells in different lymphoid organs varies between 0.2% to 0.5% in LNs, about 0.3% to 0.8% in spleen, about 0.9% to 1.5% in BM. Thereby, the frequency and phenotype of PDCs were identical using either the mPDAC-1 mAb or a characterization based on CD11c, B220, and Ly-6C. In the meantime the data presented here regarding the frequency, phenotype and characterization of PDCs had been reproduced by other groups [Wendland M, PNAS 2007; Ohbayashi M, Exp Mol Pathol. 2007; Zucchini N, Int Immunol. 2008; Sung SS, JI 2006]. Not only phenotypically but also functionally mPDCA-1<sup>+</sup> cells resemble PDCs *in vitro* and *in vivo*. It was further shown that mPDCA-1<sup>+</sup> cells were the main producers of type I interferon compared to mPDCA-1<sup>-</sup> cDCs. In these experiments, isolated DCs were stimulated with CpG ODNs *in vitro*. IFN $\alpha$ -specific ELISA revealed that mPDCA-1<sup>+</sup> cells but not the mPDCA-1<sup>-</sup> subset produced significantly amounts of IFNa. Moreover, PDCs were also the major IFN-I producers in vivo as the depletion of mPDCA-1<sup>+</sup> cells resulted in drastic reduction of virally or CpGinduced IFN-I production [Krug A, Immunity 2004; Barchet W, EJI 2005; Schleicher U, JEM 2007]. The administration of antibodies to deplete specific cell populations in vivo has been established previously [Fleming T, JI 1993]. As a F(ab')<sub>2</sub> fragment of the anti-mPDCA-1 mAb did not induce depletion of PDCs, the depletion by application of the complete mAb might be caused by activation of either the classical complement pathway or by antibody-dependent cellmediated cytotoxicity (ADCC) [Tao MH, JEM 1993; Xu Y, J Biol Chem. 1994; Golay J, Blood 2000; Di Gaetano N, JI 2003].

Recently, other groups also developed antibodies that recognize PDCs specifically. In the laboratories of Marco Colonna and Paul Crocker antibodies were produced (clones "440c" and "MB15", respectively) reacting with the Sialic acid binding Ig-like lectin H (Siglec-H), which is also specifically expressed on murine PDCs [Blasius A, Blood 2004 and Blood 2006; Zhang J, Blood 2006]. Multi-color FACS analysis revealed that mPDCA-1 and Siglec-H were coexpressed on PDCs. Blocking experiments showed that mPDCA-1 is not identical to the Siglec-H antigen (data not shown). The group of Giorgio Trinchieri generated the 120G8 mAb [Asselin-Paturel C, JI 2003] also reacting with an unknown antigen expressed on PDCs. Competitive inhibition experiments revealed that the staining of 120G8 could be completely blocked by the clone JF-1C2 and vice versa. Interestingly, other clones, such as JF-3D5 did not inhibit this staining. These blocking data suggested that the clones 120G8 and 1C2 reacted with identical epitopes or adjacent epitopes that were blocked by steric hindrance. Cross-blocking experiments with all four clones generated in the work presented here showed the existence of at least three different epitopes of the same antigen. One epitope is detected by the 1C2 clone but not by the others, whereas clones 3D5 and 12A5 recognize the same epitope. Blocking studies with clone 7B3 at least partially inhibited the staining of the other three clones. Further studies might be necessary to resolve the exact peptide sequence or epitope formation recognized by these antibodies including epitope mapping experiments or generation of

transfected cells after identification of the antigen.

The anti-mPDCA-1 mAb was also used by our collaboration partners and other research groups for the identification of PDCs in flow cytometric analyses or immuno-histochemical stainings, and their findings supported the data reported in this work [Zucchini N, Int Immunol. 2008; Chan CW. Nat Med 2006; Taieb J, Nat Med 2006; Vosshenrich CAJ, JEM 2007; Caminschi I, JEM 2007; Blasius AL, JEM 2007; Weslow-Schmidt JL, J Virol 2007].

In this work the generation and application of a novel antibody was described that is highly specific for murine PDCs. Using the anti-mPDCA-1 mAb, PDCs can now be identified by single parameter analysis reducing the number of required markers (B220, Ly-6C, and CD11c) from three to one [Nakano H, JEM 2001; Asselin-Paturel C, Nat Immunol 2001; Björck P, Blood 2001].

# 5.2 Identification and functional characterization of mPDCA-1

Several biochemical methods were performed to identify the molecular nature of the novel antigen. Western blotting and immune-precipitation experiments were carried out first, followed by peptide mass fingerprint analysis to discover the amino acid sequence. These techniques did not result in the identification of mPDCA-1, probably due to a lower affinity of the generated mAbs to the solubilized antigen or due to a masked epitope. Another reason might be the existence of a linear epitope, which could not be recognized by the antibody after denaturation. Limited number of PDCs further hampered these experiments. As the expression of mPDCA-1 was transiently induced by IFN $\alpha$  treatment on several cell lines, mPDCA-1 should be identified by differential gene expression analysis.

The main idea was that whole genome microarray analysis often resulted in a considerable quantity of regulated gene candidates. Using Agilent microarrays, mPDCA-1<sup>-</sup> cell lines were compared with IFN $\alpha$ -induced mPDCA-1<sup>+</sup> cells or isolated PDCs. It was possible that beside the mPDCA-1 candidate also other genes such as IFN-I-responsive genes or other irrelevant genes would be regulated [Der SD, PNAS 1998; Baechler EC, PNAS 2003]. To create an intersection as little as possible mPDCA-1<sup>+</sup> cells were also hybridized against cells that had downregulated mPDCA-1. Resulting candidates were further investigated by comparing the mRNA transcription levels in PDCs and T cells as well as in other hematopoietic cell types. Looking for a cell surface molecule, the mPDCA-1 candidate should contain a TMD and its expression should not be described on other cells. Microarray analysis and validation by real time PCR impressively showed that several transcripts were highly upregulated in PDCs. As the specific antibody was the only tool to identify the mPDCA-1 antigen, in the next step cell lines were transfected with the cDNAs of corresponding gene candidates. Flow cytometric analysis revealed that only cell lines transfected with the coding sequence of BST2 were specifically recognized by the antimPDCA-1 mAb. All four anti-mPDCA-1 clones detected human and rat cell lines transfected with BST2 but not mock transfectants or cells expressing other regulated gene candidates, e.g. MPG1. The anti-mPDCA-1 mAb was also ideal for the enrichment of BST2-transfected cells.

The results of this work were supported at the same time by the group of Marco Colonna, performing gene expression cloning using a PDC-specific cDNA library [Blasius A, JI 2006]. The transfectants of both groups were specifically detected by the anti-mPDCA-1 antibody JF05-1C2, although they generated a BST2 transfectant comprised of a different ORF and Start codon, suggesting a potential splice variant with a truncated N-terminal cytoplasmatic tail [Blasius A, JI 2006]. Taken together, BST2 has been confirmed as the antigen recognized by anti-mPDCA-1 antibodies. As BST2 is not a novel molecule, different names were given to this antigen: beside mPDCA-1 and BST2, the molecule has been named DAMP-1, HM1.24 or 120G8 antigen and was designated as CD317 [Asselin-Paurel, JI 2003, Blasius A, JI 2006; Li X, Mol. Biol. Cell 2007; Vidal-Laliena A, Cellular Immunology 2005 (*submitted to the 8<sup>th</sup> HLDA workshop*)]. Since mPDCA-1 was established in PDC research, this term will be used in the following.

The mPDCA-1 transcript codes for a small type II transmembrane glycoprotein of about 25-30 kDa size, depending on the kind of glycosylation [Kupzig S, Traffic 2003; Ishikawa J, Genomics 1995; Neil SJD, Nature 2008]. These data were in line with the prediction of two TMDs for mPDCA-1, based on statistical analysis of naturally occurring transmembrane proteins using the TMPred software [Hofmann K, Biol. Chem. Hoppe-Seyler 1993]. BST2 contains a conventional TMD near the N-terminus and a C-terminal signal sequence for a GPI anchor as well as two additional N-linked glycosylation sites at the extracellular domain [Kupzig S, Traffic 2006]. The suggested GPI anchor might explain the difficulty to immuno-precipitate the mPDCA-1 molecule from PDC lysates or membrane fractions. This was supported by the observation that only a specific Phospholipase C (PI-PLC) cleavage released the molecule out of the lipid rafts of the plasma membrane. Only after this treatment BST2 could be solubilized via Triton-X detergent [Kupzig S, Traffic 2003]. Thus, for successful immuno-precipitation of mPDCA-1 from PDCs a PI-PLC treatment should be tested before the application of different. Fig. 5.1 shows a model of the structure of the mPDCA-1/BST2 protein and its topology.





This model is based on data taken from Kupzig *et al.*, Traffic 2003; Blasius et al., JI 2006; Rollason et al., J Cell Sci. 2007; Ohtomo et al., Biochem Biophys Res Commun 1999; Ge et al., Blood 2006. <u>Legend:</u> Y: tyrosine; P: proline; M: methionine; K: lysine; x: any amino acid.

#### DISCUSSION

The remarkable topology of mPDCA-1 is similar to the neuropathologic form of the Prion protein [Hedge R, Science 1998; Hedge RS, Nature 1999], although no significant sequence homology was demonstrated. Based on the amino acid sequence mPDCA-1 shares homologies with the integral BAP31 protein of the endoplasmic reticulum, which has a chaperone-like or cargo receptor function and might regulate apoptosis [Hidvegi T, J Biol Chemistry 2007; Blasius A, JI 2006; Wang B, Molecular and Cellular Biology 2004]. mPDCA-1 contains two N-terminal transport signals, (1) "Y-x-Y-x-x-P-M" and (2) "KKxx" [Van Vliet C, Prog. Biophys. Mol. Biol. 2003]. These motifs are supposed to sort proteins into secretory and endocytic pathways. This might enable a role of mPDCA-1 in cytokine secretion (in particular of IFN-I) or a potential function in the endocytosis of antigens for processing and presentation [Kaczorowski DJ, J Leuko Biol 2008; Blasius A, JI 2006]. Additionally, it has been shown that mPDCA-1 was closely connected to the Golgi apparatus and the trans-Golgi network [Blasius A, JI 2006, Kupzig S, Traffic 2003]. This and the localization within lipid rafts of the plasma membrane may give mPDCA-1 a function both in trafficking, signaling or protein sorting [Kupzig S, Traffic 2003]. mPDCA-1 and its rat, monkey or human homologues had been already described in the past [Ohtomo T, Biochecm Biophys Res Comm 1999]. It was reported that human BST2 is expressed within the B cell linage (terminally differentiated B and plasma cells) and on several non-hematopoietic cell lines, and a function in B cell differentiation and growth of pre-B cells

was speculated [Ishikawa J, Genomics 1995]. BST2 was also found on multiple myeloma cells, neoplastic B cells and on rheumatoid arthritis synovial cell lines [Goto T, Blood 1994; Ohtomo T, Biochecm Biophys Res Comm 1999; Ozaki S, Blood 1999], but the function on these cells remained unknown. Currently, the therapeutic application of this antibody in order to induce an ADCC response against BST2-expressing tumors is under investigation [Ozaki S, Blood 1999].

It was demonstrated that mPDCA-1 is specifically expressed on PDCs of naïve mice. The expression was rapidly induced on other hematopoietic cells and cell lines upon TLR9 triggering or IFN $\alpha$  treatment as was shown by results of this work and by others [Asselin-Paturel C, JI 2003; Blasius A, JI 2006, Bochtler P, JI 2008]. The IFNα-dependent upregulation of mPDCA-1 might depend on the Interferon-stimulated response elements (ISRE) in the promoter region of BST2 as reported by Ohtomo et al. and Ge et al. Binding of IFN-I resulted in the activation of the JNK pathway. Beside three STAT3 DNA-binding sites the promoter contained further motifs, such as GATA1 binding elements, which also have an important role in BST2 transcription [Ohtomo T, Biochem Biophys Res Commun 1999; Ge Y, Blood 2006; Becker M, Mol Cancer Ther 2005; Matsuda A, Oncogene 2003]. mPDCA-1 was transiently upregulated on other hematopoietic cells and different cell lines, but the expression level was lower compared to PDCs. The data presented in this work demonstrated that PDCs showed highest expression levels of mPDCA-1, which remained unchanged under IFN-inducible conditions as reported elsewhere [Blasius A, JI 06]. It is speculative whether the strong but constant expression of mPDCA-1 on PDCs might be due to either an autocrine IFN-I secretion loop or was differently regulated in these cells. The function of upregulated mPDCA-1 on other cells than PDCs still

remains elusive, and further experiments are necessary. Very recently different groups have analyzed the role of human BST2. Cao et al. showed that BST2 might be the natural ligand for ILT7, another receptor expressed on human PDCs (Cao W, EB 2008, San Diego; The FASEB Journal 2008;22:1065.17; unpublished data). It might be of interest, whether mPDCA-1 also interacts with the murine ILT7 homologue. Further studies exploring the molecular nature, source or localization of a potential ligand might implicate the exact function of mPDCA-1 in PDCs. Recent data regarding the function of BST2 have been generated by studying cell lines or other BST2-expressing cells different from PDCs. In this context, the generation of a mPDCA-1 knockout mouse would be promising either to study the precise function of the molecule or the role of PDCs in general. Such a system would be superior to the existing lkaros knockout mouse (Ik<sup>(L/L)</sup>) [Allman D, Blood 2006]. These mice lack peripheral PDCs but not BM-PDCs. However, PDCs from these transgenic mice expressed lower levels of CD11c and were negative for B220 and Ly49Q. As these mice also showed reduced B cell numbers [lparraquirre A, J Leukoc Biol. 2008] a system would be desirable in which only mPDCA-1 is silenced and not a transcription factor potentially affecting the lymphoid linage [Kirstetter P, EJI 2002]. As the knockout of mPDCA-1 would probably not affect the development of PDCs, the expression of a toxin, e.g. diphtheria toxin, under the mPDCA-1 promoter would be more applicable to deplete PDCs in vivo. [Jung S, Immunity 2002].

IFN-I production is the prominent function of PDCs and plays a role in both viral infections and some autoimmune diseases (SLE, psoriasis). Consequently, the impact of receptor triggering on important PDC functions was investigated in this work. Cross-linking of mPDCA-1 with the four antibodies generated in this work resulted in significantly impaired IFNa production in vitro. The inhibitory effect of mPDCA-1 triggering was comparable to the IFN-I abrogation induced by the Siglec-H-recognizing mAb 440c [Blasius A, Blood 2004; Blasius A, JI 2006]. Thus the IFN-I inhibition seems not to be a unique function of mPDCA-1, but PDCs express several receptors with similar characteristics. Human PDCs receptors BDCA-2 and ILT7 also demonstrate IFNαinhibiting functions [Dzionek A, JEM 2001; Cao W, JEM 2006]. They are currently discussed to have direct implications for autoimmune therapies, e.g. the abrogation of IFN $\alpha$  in SLE patients. The group of Patricia Fitzgerald-Bocarsly reported that cross-linking of BDCA-2 and -4, CD4, and CD123 on human PDCs led to the inhibition of IFN $\alpha$  production. It has been suggested that in this case IFN-I was regulated either at the level of IRF-7 translocation or by maturation of the cells [Fanning SL, JI 2006]. As mPDCA-1 triggering did not affect regulation of CD80/86 on murine PDCs (data not shown), further experiments had to be undertaken to reveal the INFinhibition pathway of mPDCA-1. Recently, Röck et al. as well as Cao et al. showed that a B cell receptor (BCR)-like signaling might suppress IFN-I responses in human PDCs, demonstrating the involvement of PLCy2 or the FccRly complex [Röck J, EJI 2007, Cao W, PLoS Biol. 2007; Swiecki MK, EJI 2007]. Targeting of PDC cell surface receptors PDC-TREM or DCIR with mAbs also led to impaired IFN-I production. In that case, a direct interaction with DAP-12 (PDC-TREM) or a not specified "cross-talk" with TLR9 (DCIR) might be responsible for this effect

[Watarai H, PNAS 2008; Meyer-Wentrup F, Blood 2008]. In previous reports an interaction of mPDCA-1 with the adaptor protein DAP12 was excluded [Blasius A, Blood 2006; Kupzig S, Traffic 2003].

To elucidate possible mPDCA-1 downstream signaling properties, first signal transduction experiments were performed. As the ligand for murine BST2 was elusive, the anti-mPDCA-1 mAb was used as surrogate ligand. It remained speculative whether the antibody recognizes the same epitope as the natural ligand, but in past specific antibodies were often used in similar approaches [Mahnke K, J Cell Biol 2000]. Here it was shown that ligation of the receptor resulted both in rapid and transient increase of the intracellular calcium concentration in combination with an overall protein-tyrosine phosphorylation, suggesting a signal transmission after mPDCA-1 triggering.

In contrast to other receptors expressed on DCs such as Dectin-1, DCIR, DC-SIGN, or members of the Siglec family no classical signal motifs like ITAMs or ITIMs were found for mPDCA-1 [Blasius A, Blood 2006; Meyer-Wentrup F, Blood 2008; van Kooyk Y, Nat Rev Immunol 2003]. This might indicate that the signaling of mPDCA-1 depends on intracellular adaptor molecules, shown for example for Dectin-2 that also lacks classical signal motifs [Ariizumi K, J Biol Chem. 2000]. Structural data, such as the dual-tyrosine motif in the cytosolic domain, implicated that BST2 potentially interacts with other adaptor molecules (e.g. the µ1 and µ2 subunit of the AP1 and AP2 adaptor molecules) [Rollason R, J Cell Sci. 2007]. Kupzig et al. proposed that the cytosolic domains of BST2 might create a platform for the docking of signaling complexes [Kupzik S, Traffic 2003]. The exact mechanism of the mPDCA-1-mediated signal transduction for IFN-I inhibition remains unclear and so far no downstream key molecules were described to be activated after cross-linkage of this receptor. Hence, further experiments are necessary to identify the involved pathways. The observed tyrosine phosphorylation and calcium influx were also demonstrated for the human PDC-specific receptor BDCA-2. Here, signaling was dependent on Src kinases [Dzionek A, JEM 01] resulting in Syk, Slp65 and PLCy2 -mediated NF-kB activation [Röck J, EJI 07; Cao W, PloS 2007]. These molecules might be also attractive targets for mPDCA-1.

The role of the mPDCA-1 mediated IFNα-inhibition is still unclear. The function of PDC-secreted IFN-I had been described earlier. Briefly, IFN-I has potent anti-viral and anti-proliferative functions. IFN-I induces the expression of several IFN-I-responsive genes, including 2',5'-oligoadenylate synthetase and synthetase-like proteins, MX2 or members of the IFIT family, and other anti-viral proteins resulting in the inhibition of viral replication [Der SD, PNAS 1998; Baechler EC, PNAS 2003]. IFN-I also induces the production of other pro-inflammatory cytokines and thereby activates NK cells or cDCs. PDCs have a bystander function in the induction of anti-viral reactions, as PDC-secreted IFN-I for example leads to the upregulation of MHC-I molecules on cDCs. The increased MHC-I presentation of viral peptides on infected cells then enables an efficient anti-viral response by CTLs [Le Bon A, Nat Immunol 2005; Dalod M, JEM 2003; Barchet W, Semin Immunol 2005]. Thus, the inhibition of IFN-I production after

triggering mPDCA-1 could be a viral escape mechanism by attenuation of immune responses. The interaction of human BST2 with viral proteins was recently observed as well as many DCexpressed cell surface receptors, such as DC-SIGN or other lectin structures, interacted with viral proteins or glycoproteins [Neil SJD, Nature 2008; van Damme N, Cell Host Microbiol 2008; Geijtenbeek TB, J Biol Chem. 2002]. PDCs also have a regulatory function in the initiation of anti-tumor responses and are correlated with a negative outcome of cancer [Hartmann E, Cancer Res 2003; Vermi W, J Pathol 2003; Treilleux I, Clin Cancer Res. 2004; Zou W Nat Med 2001; Munn DH, J Clin Invest 2004. Therefore, the natural ligand could be also a tumorexpressed molecule or a soluble factor, which initiates a tumor-escape mechanism by abrogation of IFN-I. This would result in reduced orchestration of DC-mediated tumor responses including less tumor-reactive CD4<sup>+</sup> and CD8<sup>+</sup> T cells or NK cells, finally leading to the survival of the tumor. Recently, BST2 was identified as a tetherin member involved in the interaction with the Vpu protein of maturing HIV virions in vitro, preventing its release and leading to the inhibition of the viral replication and spreading [Neil SJD, Nature 2008; van Damme N, Cell Host Microbiol 2008]. Thus, in addition to the anti-viral effect of secreted IFN-I and expression of antiproliferative molecules, PDCs might be equipped with another antiviral function. In addition, the IFN-dependent induction of BST2 in other cells augmented the antiviral mechanism by further inhibition of virus spread. The interaction with the IFN-I pathway and the importance for HIV retention implicates that mPDCA-1 would be an attractive target for future immunotherapy of viral infections.

A different effect was observed in autoimmune diseases, where PDC-secreted IFN-I is a major factor for the induction and development of the disorders [Nestle FO, JEM 2005; Christensen SR, Immunity 2006; Farkas L, Am J Pathol 2001; Blanco P, Science 2001; Cavanagh LL, Arthritis Res Ther 2005; Lande R, J Immunol 2004]. For example the high concentrations of IFN $\alpha$  in the sera of SLE patients were found to activate auto-antigen presenting cDCs to trigger T cell-mediated autoimmunity [Rönnblom L, Arthritis Res Ther 2003; Blanco, P, Science 2001]. This process is called "break of tolerance" [Palucka AK, PNAs 2005; Banchereau J, Immunity 2006]. Other effects of IFN-I include the reduction of apoptosis of autoreactive T cells. PDC-secreted IFN $\alpha$  as well as IL-6 and IL-8 further lead to the differentiation of plasma cells [Jego G, Immunity 2003; Poeck H, Blood 2004], producing antibodies against auto-antigens. As a consequence, the effect of mPDCA-1 triggering could be investigated in a murine SLE model. Suitable lupus models are e.g. New Zealand Black (NZB), New Zealand White (NZW), or MRL mice [reviewed by Banchereau J, Immunity 2006; Barrat FJ, EJI 2007]. Similar to the human BDCA-2 receptor, the abrogation of IFN-I would have a beneficial impact for the treatment or functional investigation of this autoimmune disease [Dzionek A, Hum Immunol. 2002].

The most important function of DCs is the uptake, processing and presentation of exogenous antigens. For the antigen uptake DCs are equipped with a number of specific antigen uptake receptors including c-type lectins, scavenger and Fc receptors [Dzionek A, JEM 2001; Röck J, EJI 2007; Bonifaz L, JEM 2002 and JEM 2004; Dudziak D, Science 2007; Sancho D, J Clin

Invest. 2008; Zhang J, Blood 2006; Meyer-Wentrup F, Blood 2008]. Thereby, the expressionpattern of antigen uptake receptors determines the spectrum of pathogenic structures, which a particular DC population can respond to. Thus, the endocytotic capacity of mPDCA-1 was investigated. It could be demonstrated that mPDCA-1 significantly internalized in vitro and in vivo following the ligation with the specific mAb. This observation indicated a potential function of this receptor in antigen-uptake. These results were supported by other groups, showing an efficient internalization of anti-mPDCA-1 mAbs [Kupzig S, Traffic 2003; Blasius A, Blood 2006]. Zhang et al. demonstrated only weak internalization of mPDCA-1, which can be explained by the usage of PDCs isolated from different lymphoid tissues or other antibody clones [Zhang J, Blood 2006]. Recently, Dudziak et al. demonstrated that the rate of internalization not necessary correlates with the efficiency of antigen presentation [Dudziak D, Science 2007]. The four antimPDCA-1 mAbs generated in this study internalized with different kinetics. For example clone 3D5 showed only poor internalization, whereas clone 1C2 showed similar kinetics as the antigen uptake receptors BDCA-2 and DEC205 [Dzionek A, JEM 2001; Bonifaz L, JEM 2002 and JEM 2004]. As clone 3D5 recognizes a different epitope than clone 1C2, these data imply that 3D5 might induce another conformational change of mPDCA-1 as the other clones or bind an atypical, irrelevant domain. This might be a reason for the weaker internalization. In the opposite sense, the other clones might detect the epitope recognized by natural ligand of mPDCA-1.

Different reports demonstrated a clathrin-mediated endocytosis (CME) of rat or human BST2. Rollason et al. reported a sequential interaction of the intracellular domain of BST2 with the AP2 and AP1 adaptor complexes in a clathrin-mediated manner [Rollason R, J Cell Sci. 2007]. In addition, Kupzig et al. showed that BST2 cycled between the cell surface ("lipid rafts") and the TGN [Kupzig S, Traffic 2003]. Also co-localization with markers related to the CME pathway, such as transferrin and EEA1, had been reported. In contrast, BST2 failed to enter LAMP1/CD63<sup>+</sup> late endosomes [Rollason R, J Cell Sci. 2007]. The efficient endocytosis of the receptor-antibody complex, delivery to the TGN as well as the co-localization to EEA1<sup>+</sup> early endosomes were indications for a function as antigen-uptake receptor [Kupzig S, Traffic 2003; Rollason R, JCS 2008]. These implications were further underlined as many cell surface receptors on DCs are connected to the uptake of antigens. In contrast, mPDCA-1 did not colocalize with lysosomes in opposition to other antigen uptake receptors such as BDCA-2 or DEC205 [Dzionek A, JEM 2001; Jähn PS, EJI 2007; Mahnke K, J Cell Biol 2000]. These latter observations were contradictory to the molecular structure of mPDCA-1 and the rapid endocytosis, and it had to be tested, whether mPDCA-1 in fact functions as antigen-uptake receptor.

In the past PDCs were assigned only a minor role in the induction of adaptive immune responses unlike their contribution to innate immunity and tolerance induction [Yoneyama H, JEM 2005; Le Bon A, Nat Immunol 2003; Abe M, Am J Transplant. 2005; Grohmann U, Nat Med 2007; Kang H-K, JI 2007; Sharma MD, J Clin Inv 2007; Fallarino F, Curr Drug Metab.

2007; Lou Y, JI 07; Liu C, J Clin Invest. 2008]. In these studies PDCs were not targeted via specific antigen-uptake receptors and their poor T cell stimulation might be due to the fact that PDCs were not able to take up the antigens. Receptor-mediated endocytosis of antigens is more efficient and several molecules were shown to function as specialized antigen-uptake receptors such as BDCA-2, DCIR, DEC-205, or DC-SIGN [Dzionek A, JI 2000, Bonifaz L, JEM 2002; Wang J, Immunology 2007; Aarnoudse CA, Int J Cancer. 2007]. Thus, in this work the role of mPDCA-1 as an antigen-uptake receptor and thereby the APC function of PDCs was tested. It was planned to use the anti-mPDCA-1 mAb as vector for antigen delivery to PDCs. Since PDCs are depleted rapidly and efficiently in vivo after administration of the mAb as described earlier, a F(ab')<sub>2</sub> fragment of the anti-mPDCA-1 mAb was generated, which did not induce the depletion of these cells. A model antigen was covalently conjugated to the nondepleting F(ab')<sub>2</sub> anti-mPDCA-1 fragment, which specifically targeted PDCs both in vitro and in vivo. In this work Ovalbumin protein was chosen as an appropriate model, as several transgenic T cell readout systems were available. This targeting construct was designed to show whether mPDCA-1 functions as antigen-uptake receptor and PDCs could prime naïve T cells. The mere endocytosis is not sufficient for this function as other internalizing cell surface molecules, such as MHC, TCR or interleukin receptors are no antigen-uptake receptors.

The general stimulatory capacity of PDCs was tested in a preliminary experiment. For this, PDCs were loaded exogenously with OVA peptide before co-culture with naïve, antigen-specific T cells. It was shown, that PDCs were able to initiate strong CD4 and CD8 T cell proliferation. These results indicated that peptide-loaded PDC efficiently present MHC-peptide complexes and stimulate naïve T cells. As even unstimulated, peptide-loaded PDCs induce T cell priming, the basic level of co-stimulatory molecules on PDCs might be sufficient for activation of the T cells. It cannot be excluded that PDCs were artificially activated in these in vitro experiments, although they did not upregulated significant amounts of co-stimulatory molecules. Another explanation is that the low level of co-stimulatory molecules on immature PDCs was compensated by unphysiologic excess of MHC-peptide complexes after peptide loading. Thus, only few co-stimulatory molecules were sufficient to stimulate naïve T cells. After confirming that PDCs were generally able to prime T cells, the uptake of OVA protein conjugated to the mPDCA-1 targeting construct for delivery into processing pathways was analyzed. Recent reports demonstrated an influence of the receptor for antigen delivery into distinct processing/presentation compartments. Antigens targeted to DEC205 or the Mannose receptors were efficiently cross-presented on MHC-I molecules, whereas DCIR2-delivered antigen was presented on MHC-II molecules [Dudziak D, Science 07; Burgdorf S, Science 07]. Beside the function of mPDCA-1 as antigen-uptake receptor it was investigated in the experiments presented here, whether targeted antigens were processed for MHC I or II presentation. In vitro CD4 priming experiments were performed at the beginning. Unstimulated PDCs did not prime antigen-specific naïve CD4<sup>+</sup> T cells, although the uptake via mPDCA-1 was stimulusindependent. In contrast, if PDCs received an additional stimulus, antigen delivery via

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mPDCA-1 resulted in efficient CD4<sup>+</sup> T cell priming. These differential *in vitro* results can be explained by the fact that immature DCs need an additional activation stimulus to efficiently prime naïve T cells. Bonifaz et al. and Steinman et al. demonstrated that cDCs, which were in vivo targeted with anti-DEC-205-OVA antibody construct, also needed a stimulus to initiate a T cell response [Bonifaz LC, JEM 2002 and 2004; Steinman RM, Ann N Y Acad Sci. 2003]. In contrast, immature cDC induced anergy or apotosis of the T cells ("peripheral tolerance") although they presented antigen (first signal) but did not provide a second signal via costimulatory molecules [Hawiger D, JEM 2001]. To induce a strong T cell response Bonifaz et al. used CD40L-activated cDCs. As PDCs express only low levels of CD40, in this work the TLR9 ligand CpG was used, which is an established PDC stimulus [Meyer-Wentrup F, Blood 2008]. In contrast to peptide-loaded PDCs, which stimulated naïve T cells without further stimulation, the presentation of native antigen in vitro clearly depended on additional activation. It is still speculative, whether in this case the activation had an impact on the upregulation of costimulatory molecules to produce a second signal. On the other hand it was possible that PDCs could process endocytosed antigen only after activation, underlining the affection of the processing/presentation pathway.

To assess the efficiency of mPDCA-1-mediated antigen uptake, the OVA quantities necessary for efficient CD4<sup>+</sup> T cell priming were directly compared. Targeting OVA via mPDCA-1 was always and significantly superior to soluble OVA or OVA-targeted via isotype control antibody (Fig. 4.3.5A+C). The minimum concentration of mPDCA-1-OVA required for a detectable effect was about 250 ng/ml *in vitro* (Fig. 4.3.5C), which was in line with our previous results [Sapoznikov A, JEM 2007]. In contrast, if soluble OVA protein instead of peptide had been used as model antigen, amounts of 100-500 µg or up to several milligrams were described to induce a PDC-mediated T cell response [Mouries J, unpublished data; #PB-2497, ECI congress, Paris 2006]. However, the amount needed for the induction of CD4<sup>+</sup> T cell proliferation was clearly higher for PDCs targeted via mPDCA-1 compared to DEC-205-targeted cDCs [Sapoznikov A, JEM 2007; Bonifaz LC, JEM 2002 and 2004]. This difference may be due to unique natures of the receptors but more likely due to distinct priming or processing capacities of PDCs and cDCs [Salio M, JEM 2004; Sapoznikov A, JEM 07].

It was demonstrated that mouse PDCs induced a strong proliferation of naïve CD4<sup>+</sup> T cells after taking up OVA antigen via mPDCA-1 *in vitro*. In previous experiments we had already demonstrated that antigen delivery via mPDCA-1 PDCs induced a persistent response of naïve CD4<sup>+</sup> T cells *in vivo*, shown by the presence of IFN<sub>γ</sub>-producing effector memory T cells [Sapoznikov A, JEM 2007]. To test whether the *in vitro* PDC-induced T cell expansion was associated with the generation of productive but not anergic T effector cells, the proliferation and cytokine production was studied after expansion [Hawinger D, JEM 2001; Itano A, Nat Imm 2003; Sporri R, Nat Imm 2005]. In these experiments restimulation of PDC-primed T cells resulted in a strong IL-2 and IFN<sub>γ</sub> production and also TNF $\alpha$  secretion, which was comparable but not identical if splenocytes or cDCs were used as APCs. This cytokine profile as well as the

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absence of IL-4 producing CD4<sup>+</sup> T cells suggests a  $T_H1$  polarization [Openshaw P, JEM 1995]. This phenotype was expected as the CpG stimulus needed for optimal priming resulted in the production of IFN $\alpha$  (and IL-12) by PDCs, and the presence of these cytokines typically favored a  $T_H1$  polarization. Interestingly, about 10-20% IFN $\gamma$  and IL-10 producing CD4<sup>+</sup> T cells were detected if PDCs but not cDCs primed naïve T cells. In the past several groups also demonstrated the generation of IFN $\gamma$  IL-10 double-positive CD4<sup>+</sup> T cells after PDC-priming, probably caused by IFN-I [Dzionek A, Hum Immunol. 2002; Kadowaki N, Hum Immunol 2002; Ito T, JEM 2007; Bochtler P, JI 08;Rutz S, PNAS 2008]. The data of the *in vitro* cytokine production clearly showed that PDCs are able to stimulate naïve CD4<sup>+</sup> T cells after mPDCA-1 targeting, resulting in a productive response that includes IFN $\gamma$ -producing effector T cells, comparable to a cDC-induced  $T_H$  reaction.

In the past it was shown that PDCs present peptides to antigen-specific CD4<sup>+</sup> T cells but were less competent to take up and process exogenous proteins for efficient cross-presentation to CD8<sup>+</sup> T cells in contrast to cDCs [Schlecht G, Blood 2004; Lou Y, JI 2007; Liu C, J Clin Invest. 2008]. As in this work PDCs efficiently process antigens and prime naïve CD4<sup>+</sup> T cells in vitro, next the cross-priming capacity of PDC after antigen-delivery via mPDCA-1 was investigated. It was shown that after mPDCA-1 receptor-mediated uptake PDCs efficiently cross-present exogenous antigens in vitro. Compared to soluble or isotype control targeted antigen, significantly lower antigen amounts were needed to induce maximum T cell response, underlining the efficiency of mPDCA-1 mediated antigen uptake. This cross-priming of CD8<sup>+</sup> T cells could be prevented by blocking of the receptor with excess of unconjugated anti-mPDCA-1 mAb. Identical results were obtained for CD4<sup>+</sup> T cells, underlining the specificity of antigen delivery via mPDCA-1. In contrast to other reports that propose only a synergistic role for PDCs in the activation of CD8<sup>+</sup> T cells by production of IFN-I but no direct effect on T cells, these in vitro data clearly showed the cross-priming capacity of PDCs [Lou Y, JI 2007]. These different results may be based on different experimental settings, highlighting mPDCA-1-mediated antigen delivery. It was further shown that the receptor pathway is critical for the direction of antigens into distinct processing compartments, i.e. for subsequent MHC-I or MHC-II presentation [Dudziak D, Science 07; Burgdorf S, Science 07]. The result of the work presented here impressively demonstrated that OVA antigen was presented on both MHC-I and II molecules after mPDCA-1 targeting. No prevalence for the processing compartment was pbserved.

Similar to the CD4<sup>+</sup> T cell priming, cross-presentation of OVA protein to CD8<sup>+</sup> T cells required an additional stimulus. The importance of PDC activation has been also described for Siglec-H eliciting a cytotoxic CD8<sup>+</sup> T cell response [Zhang, J, Blood 06]. Interestingly, compared to the CD4<sup>+</sup> T cell priming higher antigen amounts were necessary for the induction of CD8<sup>+</sup> T cell proliferation. This effect might be explained either by differential requirements for the crosspresentation pathway or by the fact that the cross-presentation process is less efficient and only a part of the antigens gains access to this pathway. For example for cross-presentation via the TAP-dependent pathway the endocytosed antigen has to be exported from the phagosome into the cytosolic proteasome. Degraded antigens were then transported into the endoplasmatic reticulum, where they bind to MHC-I molecules [Kovacsovics-Bankowski M, Science 1995]. Using specific proteasome inhibitors, e.g. MG132 or epoxomycin [Burgdorf S, Nat Immunol 2008], it could be tested whether PDCs use this pathway for cross-presentation of mPDCA-1 targeted antigen. Salio *et al.* suggest that PDCs might lack essential prerequisites for the cross-presentation of exogenous antigens [Salio M, JEM 2004], but the data shown here indicate that PDCs possess functional cross-priming machinery.

The priming capacity of PDCs from different lymphoid organs was investigated. PDCs from LNs, spleen, and BM as well as *in vitro* generated PDCs were able prime CD4<sup>+</sup> T cells. They also demonstrated an almost identical cross-priming capacity. These results are conflicting with other reports that demonstrated differences between PDCs from several lymphoid organs. It was shown that LN-PDCs but not spleen PDCs could induce a CD4 response in vivo, probably due to functional specialization [Sapoznikov A, JEM 2007]. Interstinly, only LN but not spleen PDCs were able to take up DQ-OVA in vivo. Also differences between liver and spleen PDCs in antigen uptake, cytokine production and their allo-activation potential had been reported [Shu S-A, Clinical and Experimental Immunology 2007]. In this study the induced T cell response depends on mPDCA-1 mediated antigen delivery. The influence of the antigen-uptake receptor for adaptive immune responses has been described earlier [Jähn P, EJI 08, Bonifaz L, JEM 2002 and 2004; Zhang J, Blood 06; Dzionek, JEM 2001]. On the other hand the uptake of soluble or untargeted antigen was less efficient. It is speculative whether PDCs from different organs have in general an unequal endocytic capacity that affects their T cell response. As PDCs poorly take up antigen unspecifically, e.g. by macropinocytosis, but rather receptormediated [Dzionek A, JI 2000; Dzionek, JEM 2001; Jähn PS, EJI 2008], the conflicting results can be explained more likely with either their maturation state [Toma-Hirano M, EJI 2007; Toyama-Sorimachi N, JI 2005] or by differentially regulated antigen processing machinery [Kamogawa-Schifter Y, Blood 2005]. In this work a stimulus was applied. This may imply that PDCs from several lymphoid organs basically differ in their priming capacities, e.g. are differentially matured or do not have the identical cellular equipment for an adaptive immune response. After receiving an activation stimulus they become synchronized. These considerations may explain the contradictory reports about their general priming capacity in the past, and explain that after activation PDCs are able to elicit the same T cell priming.

The data presented in this work clearly suggest the importance of additional PDC stimulation for optimal T cell response *in vitro* after uptake via mPDCA-1. The relevance of an additional activation of PDCs was reported previously, as only activated PDCs were able to induce an adaptive T cell response [Schlecht G, Blood 2004; Lou Y, JI 2007; Liu C, J Clin Invest. 2008]. Interestingly, as also unstimulated cells internalized the receptor-antibody complex, the activation did not influence the antigen-uptake. The expression of mPDCA-1 on PDCs was not

affected upon activation or culture condition. The precise mechanism of an additional stimulus for T cell priming remains elusive: Stimulation resulted on the one hand in upregulation of costimulatory and MHC molecules on PDCs, on the other hand it is not implausible that the processing and presentation machinery is turned on.

In the past it was reported that IFNα-matured cDCs showed an increased cross-presentation capacity, suggesting a "licensing" by IFN-I, which increases the presentation of viral peptides on MHC-I. This mechanism facilitates the recognition of infected cells by cytotoxic T cells [Lapenta C, EJI 2006; Le Bon A, Nat Immunol 03]. In this work it has been demonstrated that upon activation co-stimulatory markers such as CD40, CD80, and CD86 and also MHC-I and -II were upregulated on PDCs. These data suggested that the priming also depends on the "second signal", provided by co-stimulatory molecules [Bonifaz LC, JEM 2002 and 2004; Steinman RM, Ann N Y Acad Sci. 2003]. Conflicting with this hypothesis, it was shown that peptide-loaded PDCs could prime T cells without additional activation. As it was still possible that a strong and superior first signal, as represented by the huge amount of OVA peptide, would supersede the need for co-stimulation [shown by the activation of CD8<sup>+</sup> T cells; Wang B, JI 2000], the impact of an additional CpG-stimulus was assessed by titration of the peptide amount. It could be demonstrated that also in lower peptide concentrations the stimulus had no positive effect upon PDC-mediated T cell stimulation, which argues against the requirement of additional co-stimulation.

In the second hypothesis the additional stimulus activates the antigen processing and presentation machinery, resulting in an increased presentation of OVA antigen onto MHC molecules. In order to monitor the MHC-I restricted presentation of OVA-derived peptide on the cell surface of PDC targeted with anti-mPDCA-1F(ab')<sub>2</sub>-OVA, cells were stained with mAb recognizing the OVA peptide in the context of MHC-I (H-2k<sup>b</sup>) molecules [Porgador A, Immunity 1997]. After CpG-activation MHC-I molecules were upregulated on PDCs, which could be due to the auto- and paracrine effect of IFNa, which was produced by PDCs after CpG stimulation. The upregulated MHC-I expression was also detected by increased anti-SIINFEKL:H-2k<sup>b</sup> mAb staining of peptide-loaded PDCs. Unfortunately, processed OVA protein was not detected on MHC-I molecules on PDCs, possibly due to the low number of presented peptides. Although PDCs were incubated with up to 25 µg/ml OVA protein (mPDCA-1-OVA) or up to 2 mg/ml soluble OVA, no processed OVA could be detected on surface MHC-I. One reason can be that the immunogenic sequence (SIINFEKL) is only about 2.5% of the complete OVA protein. Thus, proteolytic degradation of the protein results in the generation of many irrelevant peptides but few immuno-dominant peptides [Boscardin SB, JEM 2006], which elucidates the differential outcome between loading with OVA protein and OVA peptide. Another explanation addresses the limited sensitivity of the antibody. Although several staining methods were applied to enhance the signal intensity (Fluorescence amplification by the FASER system [Shimizu K, JI 2006]) or magnetofluorescent liposomes [Kunkel D, Cytometry A. 2003], no processed antigen was detectable. Obviously, the peptide amount that could be achieved via the targeting of OVAanti-mPDCA-1 mAb constructs were dramatically lower than the quantity required for the

detection of processed antigen by the specific antibody. Other groups used highly unphysiologic concentrations of OVA protein. Burgdorf *et al.* exposed DCs to 5 mg/ml soluble OVA to visualize processed antigen by immunofluorescene, thereby underlining the limited sensitivity of the antibody [Burgdorf S, Science 2007]. The hypothesis that the stimulus activates the antigen processing machinery was further underlined by the finding that also in lower peptide concentrations the stimulus had no positive effect upon PDC-mediated T cell stimulation. In this situation the co-stimulus can be disregarded, as the amount of antigen was critical, which could be increased by activation of the processing machinery. Due to a limited readout system the exact impact of an additional activation cannot be revealed at this point and further experiments are necessary that show sensitivity as high as the antigen-specific T cells, e.g. detection of MHC-peptide complexes by recombinant TCRs.

In contrast to the *in vitro* priming experiments presented in this study, we did not need an additional activation for CD4<sup>+</sup> T cell priming *in vivo* (which has been performed in collaboration with Steffen Jung, Israel). For these experiments a recently developed diphtheria toxin receptor (DTR)-based system was applied that allowed the conditional ablation of CD11c<sup>high</sup> cDCs. In these transgenic mice the DTR is co-expressed with the *ltgax* gene, which encodes the  $a_x$ subunit of the CD11c integrin leading to the expression in CD11c<sup>+</sup> cells. Administration of Diphtheria toxin resulted in the depletion of all cDCs but not PDCs [Jung S, Immunity 2002; Sapoznikov A, JEM 2007]. After depletion of cDCs, mice were immunized with mPDCA-1-OVA or DEC-205-OVA targeting constructs after adoptive transfer of OVA-specific T cells. Surprisingly, also in the absence of cDCs a strong proliferation of CD4<sup>+</sup> T cells but not CD8<sup>+</sup> T cells could be detected, when OVA was targeted to PDC via mPDCA-1 but not via DEC-205 [Sapoznikov A, JEM 2007]. The priming of naïve CD4<sup>+</sup> T cells was also observed if mPDCA-1-OVA was administrated, and PDCs or cDCs were subsequently isolated and in vitro co-cultured with OVA-specific CD4<sup>+</sup> T cells. Interestingly, after targeting OVA via mPDCA-1 only PDCs but not cDCs induced a strong T cell response, further underlining the specificity of the targeting procedure and the priming capacity of PDCs. Only LN but not spleen derived PDCs could induce a CD4<sup>+</sup> T cell response, contradictory to the *in vitro* data presented in this work, in which an equal priming capacity was shown for all PDCs tested. Further experiments are necessary to resolve these conflicting results, e.g. further functional characterization of the PDCs used for these studies. In the work presented here PDCs from different lymphoid tissues were in vitro activated for efficient priming. In the *in vivo* experiment no activation signal was applied. It is speculative whether the activated PDCs in vitro were actually comparable to the "untreated" PDCs in vivo, which also might receive other signals from the environment. Thus, the experimental setups might be a reason for the opposing results. A major difference between the results obtained in this work and in collaboration with Steffen Jung was observed for the activation of CD8<sup>+</sup> T cells. On the one hand we described that PDCs were not able to crosspresent exogenous antigens in vivo, either soluble or targeted via mPDCA-1. These data were explained by the lack of the phagosome-to-cytosol pathway required for cross-presentation

[Sapoznikov A, JEM 2007; Salio M, JEM 2004]. As in this work, PDCs efficiently cross-prime CD8<sup>+</sup> T cells after antigen targeting via mPDCA-1 *in vitro*, the former conclusion had to be revised: PDCs do have the ability to present exogenous antigen on MHC-I molecules, but for the initiation of a CD8<sup>+</sup> T cell response an additional activation of PDCs is obligatory. The missing activation signal clearly distinguished these two experimental setups. As a consequence these new data indicate that PDCs have an overall capacity to process antigens for CD4<sup>+</sup> and CD8<sup>+</sup> T cell priming. Thus, the cross-presentation of exogenous antigen is no longer considered as a unique property of CD8 $\alpha^+$  cDCs but PDCs and cDCs are able to generate cytotoxic T cells. This study provides evidence that PDCs may represent an attractive target to boost the efficacy of vaccines by induction of a CD8<sup>+</sup> T cell response.

In summary, in this work it was shown that PDCs have not only a secretory function by production of IFN $\alpha$  but also the role of mPDCA-1 as novel antigen-uptake receptor was highlighted. The mPDCA-1-mediated antigen uptake resulted in significant priming and cross-priming of antigen-specific CD4<sup>+</sup> and CD8<sup>+</sup> T cells.

# 5.3 Heterogeneous expression of Sca-1 defines functionally different PDC subsets

The characterization of PDCs by the classical cell surface receptors B220, Ly-6C, and CD11c as well by specific markers mPDCA-1 and Siglec-H demonstrated a homogeneous population [data not shown; Blasius A, Blood 2004]. Further phenotyping revealed that PDCs exhibited a differential expression of the Sca-1 antigen, describing two subpopulations, Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs.

The Sca-1 protein, also termed lymphocyte activation protein 6A (Ly-6A), is a small molecule of about 18 kDa in size and was originally identified on activated lymphocytes, in particular T cells [Yotoku M, JI 1974]. Sca-1 is a member of the Ly-6 multigene family encoding several highly homologous, glycosylphosphatidylinositol (GPI)-anchored membrane proteins [Sinclair AM, Blood 1993; Reiser H, PNAS 1988]. It has been mainly used as "stem cell or progenitor marker" to describe Sca-1<sup>+</sup>, c-kit<sup>+</sup> linage<sup>-</sup> hematopoietic stem cells [Ito M, Stem cells 1996]. There was only one report in which PDCs had been shown to be positive for this marker [O'Keeffe M, JEM 2002]. But neither a differential expression pattern within the PDC population nor functional implications of the expression had been shown.

Interestingly, the percentage of Sca-1<sup>+</sup> PDCs differed depending on their localization. In BM only 10% to 15% of PDCs expressed Sca-1. In contrast, in blood and spleen the percentage of Sca-1<sup>+</sup> PDC increased to 25% and 50%, reaching the highest proportion in lymph nodes (>80%). Sca-1<sup>+</sup> PDCs also showed the highest Sca-1 expression level compared to other cells of tested tissues. As DCs generally develop from CD34<sup>+</sup> progenitors in the BM and then migrate into the periphery [Banchereau J, Nature 1998], the heterogeneous expression in differential lymphoid tissues might imply a transition of Sca-1<sup>-</sup> to Sca-1<sup>+</sup> PDCs during their hematopoietic development. It is speculative whether Sca-1<sup>-</sup> PDCs in the BM were the earlier, immature subsets, compared to the more differentiated Sca-1<sup>+</sup> PDCs that were found in the periphery.

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Thus, expression of Sca-1 might reflect developmental stages of PDCs and Sca-1<sup>-</sup> appear earlier in the development. To underline this hypothesis the following in vivo proliferation experiments were performed. Within the Sca-1<sup>-</sup> compartment of BM and spleen PDCs, a higher BrdU incorporation could be demonstrated. These preliminary data implicated that PDCs were negative for Sca-1 at the beginning of their development and upregulated this marker later. Additional pulse/chase experiments should then demonstrate the transition of Sca-1<sup>-</sup> into Sca-1<sup>+</sup> PDCs. Immediately after the BrdU pulse, a higher incorporation of BrdU was detected in Sca-1<sup>-</sup> PDCs of all organs. The greatest discrepancy between Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs was observed in spleen and LNs. These results indicate that Sca-1<sup>-</sup> PDCs were the first population of PDCs, supporting the preliminary data. Hypothesizing that Sca-1<sup>-</sup> PDCs develop into Sca-1<sup>+</sup> PDCs, at a later time a higher BrdU proportion was expected within Sca-1<sup>+</sup> PDCs. After BrdU removal, a shift in the proportion for BrdU<sup>+</sup> cells between Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs was detected first in the BM, followed by spleen. At this point the highest BrdU contingent was found in Sca-1<sup>+</sup> PDCs, according to the above hypothesis. This tendency was detected in LN-PDCs not until a later point. These data suggested the transition of Sca-1<sup>-</sup> to Sca-1<sup>+</sup> PDCs by upregulation of this marker during their post-proliferation phase or by maturing PDCs. Transfer experiments, showing that grafted Sca-1<sup>-</sup> PDCs become predominately Sca-1<sup>+</sup>, also supported the development of Sca-1<sup>+</sup> PDCs from Sca-1<sup>-</sup> cells. These data also excluded the possibility that Sca-1 expression characterizes distinct or separated PDC subsets.

Other groups recently investigated the development of PDCs by differential expression of cell surface makers. In the BM, immature PDCs (Ly-49Q<sup>-</sup>) as well as mature PDCs (Ly-49Q<sup>+</sup>) were described, whereas in the periphery only Ly-49Q<sup>+</sup> PDCs were found [Omatsu Y, J Immunol 2005; Toyama-Sorimachi N, J Immunol 2005; Kamogawa-Schifter Y, Blood 2005]. For Sca-1 also low expression in the BM and an increased expression on PDCs in the periphery could be detected. Collectively, these data show that the expression of Ly-49Q and Sca-1 tends to be regulated in a similar way. In contrast, both Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs are found in the periphery. This heterogeneity is not restricted to the BM like Ly-49Q. Thus, Sca-1 defines developmental PDC subsets in the whole organism. In general, a co-regulated expression of both markers was not found. Another report showed the existence of CD4<sup>-</sup> and CD4<sup>+</sup> PDCs and it was hypothesized whether these are two distinct subsets or rather reflect two developmental stages of the same population [O'Keeffe M, JEM 2002]. They could show that PDCs up-regulated the expression of the CD4 molecule upon activation and demonstrated that CD4<sup>-</sup> PDCs were the immediate precursors of CD4<sup>+</sup> PDCs.

It was hypothesized that organ-depending differences of the Sca-1 expression correlate not only with the development but also with the activation status of PDCs. As Sca-1<sup>-</sup> PDCs appear earlier they might reflect a rather immature stage, whereas Sca-1<sup>+</sup> PDCs comprise the more mature form of these cells. The differential Sca-1 regulation on PDCs from different organs was subsequently investigated under activating conditions. Although in steady state no correlation to the expression of co-stimulatory molecules was detected, it has been shown that PDCs

upregulated Sca-1 upon TLR7 or TLR9 stimulation both *in vitro* and *in vivo*. Upon CpG activation the expression of Sca-1 as well as CD40, CD80, and CD86 were upregulated. These co-stimulatory molecules are known to be upregulated upon activation [O'Keeffe M, JEM 2002; O'Keeffe M, Blood 2003]. In a different context it was shown that Sca-1 expressed on T cells was involved in activation or differentiation [Codias EK, JI 1990; Flood M, JEM 1990; Bamezai A, JI 1995], Sca-1 might indeed serve as an activation marker and Sca-1<sup>+</sup> PDCs reflect a more activated form of PDCs. As in steady state Sca-1<sup>-</sup> and Sca-1<sup>+</sup> PDCs exist, the latter might be inadequately activated, express only low levels of co-stimulatory molecules.

The results from these proliferation and activation experiments led to the following theory, depicted in Fig. 5.2. After development from PDC progenitors so-called pre-PDCs are found in the BM, which further develop into immature PDCs, characterized by the expression of mPDCA-1, Siglec-H and other PDC markers, but lack the expression of Sca-1. Immature PDCs migrate into the periphery where they persist in a non-dividing form [O'Keeffe, M, JEM 2002]. During this process and upon further activation signals PDCs upregulate the expression of Sca-1. As an activation is normally the signal for accumulation in the LNs, the dominate presence of Sca-1<sup>+</sup> cells in LNs might reflect an activated status of these cells.





In contrast to highly proliferative PDC precursors, early PDCs (as defined by mPDCA-1 and Siglec-H expression) do not proliferate. They reflect a rather immature phenotype, do not express Sca-1 and migrate into the periphery. Upon stimulation, immature PDCs upregulate the expression of Sca-1. In this activated or matured stage, PDCs mainly found in peripheral lymphoid organs such as the LNs.

It was speculated whether the expression of Sca-1 is associated with functional differences, in particular whether it correlated with the cytokine secretion. In the human system it has been shown that the ability of PDCs to produce IFN-I depends on their activation and maturation status [Krug A, EJI 2001]. Immature PDCs secrete IFN $\alpha$  upon TLR activation but are not able to respond if restimulated in the matured stage [Jähn P, EJI 2008; Krug A, EJI 2001]. In this work in the Sca-1<sup>-</sup> PDC compartment more IFN $\alpha$ -producers were detected upon TLR stimulation and Sca-1<sup>-</sup> PDCs also had a higher capacity to produce TNF $\alpha$ . No significant differences could be observed regarding the IL-12 production. The differential cytokine production between Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs corresponded to the maturation status of PDCs, according to the above theory, which suggests that only immature PDCs are capable to produce IFN $\alpha$ . Other observations revealed that PDCs with immature dendritic cell characteristics produced IFN $\alpha$ 

#### DISCUSSION

upon activation and acquired a more mature phenotype and dendritic morphology [Zuniga EI, Nature Immunol 2004]. Sca-1<sup>-</sup> PDCs predominantly located in the BM were regarded as more immature and were the major IFN $\alpha$  producers. On the other hand, matured Sca-1<sup>+</sup> PDCs were mainly located in the LNs and produced less cytokines. A differential production of proinflammatory cytokines within the PDC population had been observed: For example after viral stimulation not all but only 15% to 20% of PDCs secreted IFN $\alpha$ . IL-12 was produced by 15% to 35% and between 10% and 60% of PDC responded with TNF $\alpha$  secretion [Zucchini N, Int Immunol. 2008]. Heterogeneous PDC responses were also reported by others [Jomantaite I, EJI 2004; Chen L, JI 2006]. These differences might be explained by compartmentation of PDC responses to infections or by lack of TLR expression [Jomantaite I, EJI 2004]. Iparaguierre et al. reported about two different types of murine PDCs, depending on either CpG or Influenza activation [Iparaguirre A, J Leukoc Biol. 2008]. They showed that virally activated PDCs respond with high IFN-I production whereas CpG-stimulated PDCs produce less interferon and acquire a more matured and DC-like phenotype. For human PDCs also heterogeneity between IFN $\alpha$ production and antigen presentation capacity was observed depending on the kind of activation [Jähn PS, EJI 2008]. The reason for the differential cytokine responses might be that Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs are equipped with a different set of cell surface or adapter signaling molecules necessary for appropriate responses against microbial challenge [Kamogawa-Schifter Y, Blood 2005]. Alternative, PDCs have already downregulated these molecules after upregulation of Sca-1. Sca-1<sup>+</sup> PDCs, that contain matured PDCs or PDCs in a later developmental stage, might have a different function as the Sca-1<sup>-</sup> counterpart, for example a higher T cell stimulatory capacity. In collaboration with Steffen Jung we demonstrated that only LN-PDCs but not spleen PDCs were capable of priming naïve CD4<sup>+</sup> T cells both *in vitro* and *in vivo* [Sapoznikov A, JEM 2007]. In the in vitro experiments of the work described here, PDCs from all organs were able to prime PDCs. These conflicting results might be explained by the application of an additional TLR stimulus that subsequently led to the upregulation of Sca-1 expression. As LN-PDCs were highly positive for Sca-1 it was planned to compare the priming capacities of Sca-1<sup>+/-</sup> PDCs directly. Although this would be a good opportunity to assess a differential priming capacity, the experiments are critical as for efficient T cell priming an activation of PDCs was mandatory. Thus, all PDCs would upregulate Sca-1 and discrimination between both subsets would be difficult.

To find further functional differences, gene expression profiles of both PDC subpopulations were investigated. By microarray analysis a set of genes was found, significantly over-represented in Sca-1<sup>+</sup> or Sca-1<sup>-</sup> PDCs. Differentially transcribed cell surface receptors were e.g. CD22 and CD163 on Sca-1<sup>-</sup> PDCs and CD44, CD69, EGRI, PROCR, and TNFRI on Sca-1<sup>+</sup> PDCs. Upon Gene Ontology Clustering several biologically and immunologically relevant pathways were analyzed. In Sca-1<sup>+</sup> PDCs a variety of genes were observed, belonging to cell adhesion and migration, stress, immunity and inflammation pathways as well as TLR/cytokine signaling. As Sca-1<sup>+</sup> PDCs are regarded to be the more mature cells, which already received a stimulus, these results could support the higher differentiation level. On the other hand relatively

more genes involved in metabolic processes were present in Sca-1<sup>-</sup> PDCs. This might indicate the earlier developmental stage of this subset and the focus on cytokine secretion. As the regulation of the obtained genes was only shown by microarray analysis, further validation either by quantitative PCR or in particular on protein level by ELISA or flow cytometric analysis is mandatory. The confirmation might demonstrate if the differential Sca-1 expression substantially correlates with the presence of specifically expressed or regulated proteins representing a distinct function.

In conclusion, it was demonstrated that the expression of Sca-1 defines two functionally different populations, which are spatially separated in different lymphoid organs. The consequence of this heterogeneity was not answered conclusively. Immature Sca-1<sup>-</sup> PDCs, possessing the higher ability to produce IFN-I, might have a strong role in innate immunity. In contrast, further differentiated Sca-1<sup>+</sup> PDCs might be involved in adaptive immunity, possibly by interaction with T cells. Sca-1 can be regarded as an appropriate marker to detect activated PDCs. Although Sca-1 is commonly used as stem cell marker, its function on terminally differentiated cells, PDCs, is still unclear. Proliferation and transfer experiments indicated that the Sca-1<sup>-</sup> population appears earlier in the development of PDCs.

### 6. OUTLOOK

This work revealed central aspects of the mPDCA-1 receptor, including the inhibition of IFN-I production, signal transduction, endocytosis, and a potential role as antigen-uptake receptor.

PDC-derived IFN-I is considered to be a pathophysiological factor in several autoimmune diseases, such as SLE or psoriasis. The abrogation of IFNa by mPDCA-1 triggering in vivo would be an attractive therapeutical target, which can be tested in several murine lupus models. The mechanism of TLR-induced inhibition of interferon production had not been resolved. Cross-linking of mPDCA-1 resulted in overall protein-tyrosine phosphorylation and calcium mobilization. To identify key molecules of the involved signal transduction pathway, it could be tested whether specific inhibitors of protein-tyrosine kinases, such as PP1 and PP2 that inhibit members of the src-family, or PTK, might abrogate the signaling [Dzionek A, JEM 2001]. The mPDCA-1 signaling pathway could be further investigated by identification of adaptor molecules, such as AP1+2, since the receptor lacked classical signal motifs [Rollason R, J Cell Sci 2007; Röck, EJI 2007]. The signaling pathway might be involved in the inhibition of IFNα or could also affect the endocytosis of the receptor. Since some anti-mPDCA-1 clones internalized but others not, it should be investigated whether the non-internalizing clones also induce phosphorylation and calcium flux. In other reports using BST2 transfected cells, the internalization of the receptor-antibody complex was caused by clathrin-mediated endocytosis (CME) [Kupzig S, Traffic 2003; Rollason R, J Cell Sci 2007]. It has to be shown whether this is also the responsible mechanism in isolated PDCs. After mPDCA-1 ligation the modification of clathrin heavy chain or cytoskeleton modulation could be investigated [Röck J, EJI 2007]. The future identification of the natural ligand of mPDCA-1 will help to understand the in vivo function of this receptor. Currently, two ligands of human BST2 are reported, suggesting on the one hand an antagonistic interaction with the HIV accessory molecule Vpu [Neil SJ, Nature 2008; van Damme N, Cell Host Microbiol 2008] and on the other hand binding of the ILT7 receptor expressed on human PDCs [Cao W, unpublished data]. Further studies have to show whether this is also true in the murine system. The generation of a recombinant mPDCA-1 fusion protein might be useful to identify cells expressing the ligand, which then can be used to create a cDNA library for further screenings. For the isolation of the ligand and further exploration of the mPDCA-1 signalosome the generated mPDCA-1/BST2 transfectants might be a promising tool. The generation of an mPDCA-1 knockout mouse might further reveal its function.

As several cell surface receptors expressed on DCs have a role in the uptake of antigens, it is currently elusive whether mPDCA-1 is also endocytosed after binding of the natural ligand. It has been shown that using the antibody as vector the mPDCA-1-mediated uptake of exogenous antigens resulted in processing and loading on MHC-I and -II molecules for efficient priming of naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells. The anti-mPDCA-1-F(ab')<sub>2</sub>-OVA targeting system could be used to target e.g. tumor antigens directly to PDCs to assess their capacity in the generation of CTL or other anti-tumor responses. The B16 melanoma (OVA-) tumor model is an attractive target to study the role of PDCs and define if these cells directly induce a CTL response against the

tumor cells *in vivo* [Lou Y, JI 2007; Liu C, J Clin Invest. 2008]. Also the delivery of other antigens including viral proteins should be investigated to assess the potential of PDCs in vaccination trials. Future approaches might also involve the spatiotemporal co-localization of antigen and stimulus. Thus, a nano-particle system consisting of anti-mPDCA-1 mAb, TLR agonists, and model antigens would be a promising tool to study the capacity of PDCs to enhance immune responses [Zhang XQ, J Pharm Sci. 2007; Hao S, Immunology. 2007; Suzuki Y, Cancer Res. 2004].

Highly important for the outcome of these studies is the activation stage of the PDCs, since it was shown that the priming capacity of PDCs clearly depends on appropriate stimulation. Two distinct subsets of murine PDCs can be defined by differentially expression of Sca-1, which also indicates heterogeneity in developmental and maturation stages as well as in their capacity to produce cytokines. Other reports showed a functional dichotomy for both human and mouse PDCs in the induction of innate or adaptive immune responses [Iparaguirre A, J Leukoc Biol. 2008; Jähn PS, EJI 2008; O'Keeffe M, JEM 2002; Omatsu Y, JI 2005]. As Sca-1<sup>-</sup> PDCs produce higher amounts of IFN $\alpha$ , it might be interesting whether the Sca-1<sup>+</sup> PDC subset is characterized by a superior T cell priming capacity. Further studies are required to assign the precise role of Sca-1 in he functional outcome of PDC responses. For example a dissimilar localization or migratory capacity of Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDCs could be assessed. To track PDCs *in vivo*, in these experiments the expression of a fluorescent protein (GFP) under the mPDCA-1 promoter would be beneficial.

In summary, additional information of the exact function of the mPDCA-1 molecule and functional experiments will be crucial for understanding the role of PDCs both in steady state and (auto-) immunity.

# 7. APPENDIX



#### Fig.7.1 Pepsin digestion of anti-mPDCA-1 mAb to generate F(ab')<sub>2</sub> fragments.

(A) Anti-mPDCA-1 mAb (clone JF05-1C2) was re-buffered in 0.1 M sodium actetate buffer (pH 4.2). The antibody was then incubated for 48 hrs at 37°C in the presence of 10% Pepsin A (Sigma). To check the progress of fragmentation aliquots were subjected tp SDS-PAGE and visualized by Coomassie staining. (B) Digested anti-mPDCA-1- fragments were then size-fractionated by gel filtration using a Superdex-200 column. (C) Individual fractions were again subjected to SDS-PAGE analysis and visualized by Coomassie staining.



#### Fig. 7.2 LightCycler standard curves for four murine house keeping genes: β-actin, GAPDH, PPIA, and Hprt-1

(A) Representative standard curves for house keeping genes. RT-PCRs were performed with titrated amounts of mRNA (ranging from 1pg to 5ng) isolated from PDCs and T cells, respectively, using the LightCycler<sup>®</sup> RNA Master SYBR Green I kit (Roche Diagnostics). All assays were performed at least in duplicates.

(B) Table gives an overview of the above LightCycler runs and obtained crossing points (given is the mean +/- SEM of the crossing points of indicated housekeeping genes for two amounts of PDC and T cell mRNA.

# **Tables 7.1 Primer sequences**

# Table 7.1A Primer for housekeeping genes

#	Gene Acc. No.	Gene name	sense primer	sense primer	Product size	Comment
					(bp)	
1	beta-actin (1)	murine beta-actin	GAAATCGTGCGTGACATCAAAG	TGTAGTTTCATGGATGCCACAG	156	side product of 264 bp
2	beta-actin (2)	murine beta-actin	TTCTTTGCAGCTCCTTCGTTGCCG	TGGATGGCTACGTACATGGCTGGG	218	
3	mGAPDH	murine Glycerinaldehyd-3-phosphat-Dehydrogenase	ATCACTGCCACCCAGAAGAC	ACACATTGGGGGTAGGAACA	182	
4	mPPIA (2)	murine Peptidylprolyl Isomerase A	CACAAACGGTTCCCAGTTTT	TTACAGGACATTGCGAGCAG	273	
5	mHprt-1	murine Hypoxanthine phosphoribosyltransferase 1	AAGCTTGCTGGTGAAAAGGA	TTGCGCTCATCTTAGGCTTT	188	

# Table 7.1B Primer for real time RT-PCR (LightCycler)Primers were selected for an optimal melting temperature (Tm) of 60°C

1       AF017175       liver carnitine palmitoyltransferase I mRNA,       CTATGCGCTACTCGCTGAAGG       GGCTTTCGACCCGAGAAGA       126       syn. NM_01349         2       Ak010014       ALPHA-INTERFERON INDUCIBLE PROTEIN       CCTGGTAGCACACTCCAAT       TGAAGGTGCCTTTTGGAACT       122         3       AK030414       GUANYLATE BINDINO PROTEIN 5       AAAGGCCATTGGTCACTACG       AAGCATCACGGGTTCTTAT       223         4       Ak037025 E1       2,5-OLIGOADENYLATE SYNTHETASE-LIKE 5       CTGCACAAAATGCTCCAAAA       GCACGCATTCACAGATTCCACAAATCTTGA       233         6       Ak050122       RIKEN full-length enriched library, clone:C730018606       ACTAGGGGCTGTGTGGTT       AACAGGTCCTGAGCACAAA       184         8       Ak077641       TUDOR REPEAT ASSOCIATOR WITH PCTAIRE 2       AGTGCTGCTGGCTGCAAGATCC       TGCAACACCAATACCGATC       TGCAACCCCAAAGCAGG       209         10       Ak079685       Interferon regulatory factor 7       TGGAAGCATTTACGGTCGTAGG       GCACGCGCAAGCGGAAGTTGGTGT       173       syn. NM_01851         12       Ak080076       unknown EST       AAAGCTTCTGGGAGCATTG       AGTGCTGCTGAAGCT       255         13       BB684123       hypothetical protein MGC7868 (LOC224133)       CTGAGACACTGAAACCA       CTGTCCCGGCACAATACC       260         14       BC021820       Parit4 (poly ADP-ribose polymerase 14)       TCTGGG	
1       AF017175       liver carnitine palmitoyltransferase I mRNA,       CTATGCGCTACTCGCTGAAGG       GGCTTTCGACCCGAGAAGA       126       syn. NM_01349         2       AK010014       ALPHA-INTERFERON INDUCIBLE PROTEIN       CCTGGTAGCCACACTCCAAT       TGAAGGTGCCTTTTGGAACT       182         3       Ak030414       GUANYLATE BINDING PROTEIN 5       AAAGGCCATTGGTCACTACG       AAGGATCCGCGTTCTTA       223         4       AK037025 E1       2,5-LIGGADENYLATE SYNTHETASE-LIKE 5       CTGCACAAAATCCTCCAAAA       GGACCGATCACAGATTCCTAA       158         5       AK046674       9130002C22RIK PROTEIN homolog       CCAACATAACCCGCTTCAGT       GGGCTTTCCACAAAATCTTGA       233         6       AK05012       RIKEN full-length enriched library, clone:C730018006       ACTAGGGCGTGTTGTGTCT       AACAGGTCCTGGCGCACACAA       184         7       Ak054410 E       UBJQUITIN-ACTIVATING ENZYME E1       GCGGCTGCTGGAGGTGT       GTCGTCACACACAAAT       184         9       AK077680       THYRO1000270 PROTEIN       GTCACACCCAATACCGGTCT       CGGGAAGTTATTGGGAAGTGGTCT       173       syn. NM_01685         10       AK079685       interferon regulatory factor 7       TGGAAGCATTTCGGTCGAGGGTAT       ATCTTAGAGATGGCCCCACA       AGTCTCCCGCGCCCACAA       179       syn. NM_01685         11       AK080376 L       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D	
2       AK010014       ALPHA-INTERFERON INDUCIBLE PROTEIN       CCTGGTAGCCACACTCCAAT       TGAAGGTGCCTTTTGGAACT       182         3       AK030414       GUANYLATE BINDING PROTEIN 5       AAAGGCATTGGTCACTACG       AAGCATCCGGGTTCTTCTTA       223         4       AK037025 E1       2,5-OLIGOADENYLATE SYNTHETASE-LIKE 5       CTGCACAAAAGGCCCCGACAC       GGCGCTTCCACAGAGTCCTAA       158         5       AK064674       9130002C22RIK PROTEIN homolog       CCAACATAACCCGCTTCAGT       GGGCTTTCACAAAATCTTGA       233         6       AK050122       RIKEN full-length enriched library, clone:C730018060       ACTAGGGCGTGTGTGTGTC       AACAGGTCCTGGCGACACACAAA       184         7       Ak054410 E       UBQUITIN-ACTIVATING ENZYME E1       GCGGCGCGCTGAGAGTCTGT       GTCGGCACACACAAA       184         8       AK077680       THYRO1000270 PROTEIN       GTCACACCCAATACCGATCC       TGCAACCCAAGAG       209         10       AK079885       Interferon regulatory factor 7       TGGAAGCATTTGGGTGCATAA       ATCTTAGAGATGGCCCACAA       179       syn. NM_016851         11       AK080376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGCTTGCAGAGCTTG       AGTCTCCCCGTGCACAAAGAGGTC       200       yn. NM_016851         12       AK083376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGCTTTGCAAACCA       CTGTGC	3495
3       AK030414       GUANYLATE BINDING PROTEIN 5       AAAGGCATTGGTCACTACG       AAGCATCCGCGTTCTTCTTA       223         4       AK037025 E1       2.5-OLIGOADENYLATE SYNTHETASE-LIKE 5       CTGCACAAAATGCTCCAAAA       GCACGCATCACAGATCCTGAA       158         5       AK046674       9130002C2RIK PROTEIN homolog       CCAACATAACCCGCTTCAGT       GGGCTTTCACACAAATCTTGA       128         6       AK050122       RIKEN full-length enriched library, clone: C730018006       ACTAGGGGCTGTTGTTGTCT       AACAGGTCCTGGGCTGCTACCACAA       184         7       Ak054410 E       UBIQUITIN-ACTIVATING ENZYME E1       GCGGCTGCTAGAGTCTT       CGGGAAGTTATTGGGAAGTGA       170       syn. NM_14614:         9       AK077841       TUDOR REPEAT ASSOCIATOR WITH PCTAIRE 2       AGTGCTGCGTGGTGATCT       CGGAAGTTGGGCAAGTGGCTCACACAA       184         0       AK079865       Interferon regulatory factor 7       TGGAAGCATTTCGGTCGCAGCGTAT       ATCTTAGAGATGGCCCCACA       179       syn. NM_016851         11       AK08076       unknown EST       AAAGCTTCTGGGCAGCATT       ATCTTAGAGAAGGAGCCCCACA       179       syn. NM_016851         12       AK08376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       CATGAGCACCAGACCTTGG       TATTCAGGCAGGAGGTCCCCACA       179         12       AK08376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37	
4AK037025 E12,5-OLIGOADENYLATE SYNTHETASE-LIKE 5CTGCACAAAATGCTCCAAAAGCACGCATCACAGTTCCTAA1585AK0466749130002C22RIK PROTEIN homologCCAACATAACCCGCTTCAGTGGGCTTTCCACAAATCTTGA2336AK050122RIKEN full-length enriched library, clone:C730018060ACTAGGGGCTGTGTGTCAACAGGTCCTGGGCTGCTACACAAA1847Ako54410 EUBIQUITIN-ACTIVATING ENZYME E1GCGGCTGCTACAGAGTCTGGATTGTCGTCGCTGCTACACACAA1848AK077641TUDOR REPEAT ASSOCIATOR WITH PCTAIRE 2AGTGCTGCTGCTGACACCAATACCGATCTGCAAACCCAAAGAG20910AK079865Interferon regulatory factor 7TGGAAGCATTTCGGTCGACGTATATCTTAGAAACCAAAGAG20911AK080076unknown ESTAAAGCTTCTGGGTCGACGCTATATCTTAGAGATGGCCCCACAA173syn. NM_01885112AK08376 E1H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37GATGTTGCTTTGGCTGGAAGCTTAGTCCCCGGCCCCACATACT25513BB684123hypothetical protein MGC7868 (LOC224133)CTGAGACATCGAAACCACTGTCCCAGGAAGAGGCC20014BC021821RIKEN cDNA 5033415K03 gene, clone MGC:7873AGAACTGGCAGAACCTGGAGAACATCCCCTTGAGGATTTC18115BC029170clone IMAGE:4013674, mRNAACACACCAGGACCCTGTCCGGAGTCGCAGGACTTAGGAATAAAGG193mPDCA-118BC029209 EDEXH (Asp-Giu-X-His) box polypeptide 58GGTCCCCATCACAAGGTTCCTGGCAGAATAAAGG19319BC052532CDNA sequence BC006779GGTCCCCATCATAAAGCAGTGGTGCTTACTT29820L20315 E3MPS1 gene <td></td>	
5       AK046674       9130002C22RIK PROTEIN homolog       CCAACATAACCCGCTTCAGT       GGGCTTTCCACAAATCTTGA       233         6       AK050122       RIKEN full-length enriched library, clone:C73001806       ACAGGGCGTGTTGTGCT       AACAGGTCCTGGGCTGTTAC       211         7       Ak054410 E       UBIQUITIN-ACTIVATING ENZYME E1       GCGGCTGCTAGAGTCTGATT       GTCTGTCGCTGCTACCACAAA       118         8       AK077641       TUDOR REPEAT ASSOCIATOR WITH PCTAIRE 2       AGTGCTGCTTGGCTGATCC       TGCAACCCAAAGCGAACGTGAAGTTGTGGCT       173       syn. NM_146141         9       AK077680       THYRO1000270 PROTEIN       GTCACACCCAATACCGATCC       TGCAACCCAACGGAAGTTGGTGT       173       syn. NM_016851         11       AK08076       unknown EST       AAACGTTGTGGGTGGACGTTG       ATCTTAGAGATGGCCCCACAA       179         12       AK08376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGCTTTGCCACCT       AGTCCCCGCTCCAATACT       255         13       BB684123       hypothetical protein MGC7868 (LOC224133)       CTGAGACCTTGGCAGAACCTGG TATCAGGAGAGTGC       200         14       BC021340       Parp14 (poly ADP-ribose polymerase 14)       CTGGGGAACCTGGCAGAA       CTGTCCCCATGGAGAGTTTC       181         15       BC02121       RIKEN cDNA 5033415K03 gene, clone MGC7873       AGAACTGGCAACCTGGAGA       CATCCCCTTGAGGACTTTGGACG	
6       AK050122       RIKEN full-length enriched library, clone:C730018000       ACTAGGGGCTGTGTGTGTCT       AACAGGTCCTGGGCGTGTTTA       211         7       Ak054410 E       UBIQUITIN-ACTIVATING ENZYME E1       GCGGCTGCTAGAGTCTGATT       GTCGTGCTGCTACCACAA       184         8       AK077681       TUDOR REPEAT ASSOCIATOR WITH PCTAIR2 2       AGTGCTGCTGGTGGTACCACAGA       184         9       AK077880       THYRO1000270 PROTEIN       GTCACACCCAATACCGATCC       TGCAATCTGGCGGCAACACAGGG       209         10       AK079685       interfeor regulatory factor 7       TGCAACCCAATACCGATCC       TGCACACCCACACAG       179         11       AK080076       unknown EST       AAAGCTTCTGGGTCGACGTAT       ATCTTAGAGATGGCCCCACA       179         12       AK083376 E1       H-2 CLASS1 HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGGTGACGTAT       ATGTTGAGACGTGCCCGACGAT       175         13       B8684123       hypothetical protein MGC7868 (LOC224133)       CTGAAGCCTTGGAGACCTTGG       TATTCAGCCTTGCCCGAGAGT       195         14       BC021340       Parp14 (poly ADP-ribose polymerase 14)       CTGGTGGTGCACGACCTGGAGA       CTGCCCCATGGAAGAGAGATCC       200         15       BC021521       RIKEN CDNA 50334155K03 gene, clone MGC:7873       AGAACTGGCAGACCTGGCAGA       CTGCCCCAGGACCTGGAGATT       181         16       BC	
7       Ak054410 E       UBIQUITIN-ACTIVATING ENZYME E1       GCGGCTGCTAGAGTCTGATT       GTCTGTCGCTGCTACCACAA       184         8       AK0077641       TUDOR REPEAT ASSOCIATOR WITH PCTAIRE 2       ACGCTGCTGCGCTGCTACCACACAA       170       syn. NM_146143         9       AK077880       THYRO1000270 PROTEIN       GTCACACCCAATACCGATCC       TGCACACCAAGAGG       209         10       AK079865       interferon regulatory factor 7       TGGAAGCATTTCGGTCGTCATCG       GCACAGCGGAAGTTGGTCT       173       syn. NM_016851         11       AK080076       unknown EST       AAAGCTTCTGGGTCGCACCAT       ACTCTTCGGCTGCCCCACAT       179         12       AK08376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGCGACGTTGG       TATTCAGCCTGCGCAGAGT       195         14       B6021340       Parp14 (poly ADP-ribose polymerase 14)       TCTGGTGAACCTGGAAACCA       CTGTCCCAGGAGAGTGC       200         15       BC021821       RIKEN cDNA 5033415K03 gene, clone MGC:7873       AGAACTGGCAGACCTGGAGA       CATCCCCTTGAGCACTTTGG       101         16       BC025170       clone IMAGE:4013674, mRNA       ACACACCAGGACCTGGTCC       GGAGTCGCAGCATTAGGAGACTTCG       181         17       BC027328       bone marrow stromal cell antigen 2, BST2       CAATCACTCATTACCGCGCACA       TCTCTCCAGGAGACTCGGA       194       mPDCA-1 <td></td>	
8       AK077641       TUDOR REPEAT ASSOCIATOR WITH PCTAIRE 2       AGTGCTGCTTGGCTGATCTT       CGGGAAGTTATTGGGAGTGA       170       syn. NM_14614         9       AK077880       THYRO1000270 PROTEIN       GTCACACCCAATACCGATCC       TGCATCTTGCAAACCAAGAG       209         10       AK079885       interferon regulatory factor 7       TGGAAGCATTTCGGTCGAGGG       GCACAGCCGAAGCTGGCTC       173       syn. NM_01685         11       AK08076       unknown EST       AAACGTTCTGGGTCGAAGCT       AGTCTCCCGCCCCACATACT       255         12       AK08376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGCTTTTGCCCACT       AGTCTCCCGGCCCCACATACT       255         13       BB684123       hypothetical protein MGC7868 (LOC224133)       CTGAGGCAAACCTGGGAAACCTTGGC TAATCAGCAGTCGCCGCAGAT       195         14       BC021821       RIKEN cDNA 5033415K03 gene, clone MGC:7873       AGAACTGGCAAACCAGGA       CATCCCCTTGAGGATTTC       181         15       BC021821       RIKEN cDNA 5033415K03 gene, clone MGC:7873       AGAACCGGCAGCCTGTCTC       GGAGTCGGCCTTAGGAATTAAGGA       194       mPDCA-1         16       BC029210       clone IMAGE:4013674, mRNA       ACCACCCAGGACCCTGTCTC       GGAGTCGCAGAATAAAGG       193         17       BC029208E       DEXH (Asp-Giu-X-His) box polypeptide 58       GGTCCCCATCATACAGG       TCCCTGCGAGC	
9       AK077880       THYRO1000270 PROTEIN       GTCACACCCAATACCGATCC       TGCATCTTGCAAACCAAGAG       209         10       AK079885       interferon regulatory factor 7       TGGAAGCATTTCGGTCGTAGG       GCACAGCGGAAGTTGGTCT       173       syn. NM_016851         11       AK080076       unknown EST       AAAGCTTCTGGGTCGACGTAT       ATCTTAGAGATGGCCCCACA       179         12       AK083376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGCTTTTGCCCACT       AGTCTCCCGCTCCCAATACT       255         13       BB684123       hypothetical protein MGC7868 (LOC224133)       CTGAAGCCTTGGAGACCTTGG       TATTCAGCCTTGCCCTGAGT       195         14       BC021340       Parp14 (poly ADP-ribose polymerase 14)       CTGGTGAATCTGCAAACCA       CTGTCCCCATGGAAGAGATGC       200         15       BC021821       RIKEN cDNA 5033415K03 gene, clone MGC:7873       AGAACTGGCAGACCTGGGAA       CTGTCACGAGACTTGGAGATTTC       181         17       BC027328       bone marrow stromal cell antigen 2, BST2       CAATCACCAGGACCCTGTCC       GGAGTCGCAGAATAAAGG       194       mPDCA-1         18       BC029209 E       DEXH (Asp-Giu-X-His) box polypeptide 58       GGTGCCCATCATAACCAG       TCCTGCAGCAGATAAAGG       193         20       L20315 E3       MPS1 gene       TGTAGACATGGGAGGGTGTA       ACCTGCGCAGACATAACGAGGT       16	3142
10       AK079685       interferon regulatory factor 7       TGGAAGCATTTCGGTCGTAGG       GCACAGCGGAAGTTGGTCT       173       syn. NM_01685         11       AK080076       unknown EST       AAAGCTTCTGGGTCGACGTAT       ATCTTAGAGATGGCCCCACA       179         12       AK08376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGCTTTTTGCCCACT       AGTCTCCCGCTCCCATACT       255         13       B8684123       hypothetical protein MGC7868 (LOC224133)       CTGAAGCCTTGGAACCTTGG       TATTCAGCCTTGCAAGGAGTCC       200         14       BC021340       Parp14 (poly ADP-ribose polymerase 14)       TCTGGTGAACCTGCAAACCA       CTGTCCCCATGGAAGGAGTGC       200         15       BC021821       RIKEN cDNA 5033415K03 gene, clone MGC:7873       AGAACTGGCAGACCTGGAGA       CATCCCTCTTGAGCTTTTGC       163         16       BC025170       clone IMAGE:4013674, mRNA       ACACACCAGGACCCTGTCTC       GGAGCGCCTTAGGATTTC       181         17       BC022909 E       DEXH (Asp-Giu-X-His) box polypeptide 58       GGTGCCCTTTCTCCAACCAG       TCCTCCGAGCAGATAAAGG       193         18       BC0225202       CDNA sequence BC006779       GGTCCGCATCATAAAGCAGT       GGTGATGGCCACGTTTACTT       298         20       L20315 E3       MPS1 gene       TGTAGACATGGGAGGGGTGAA       ACTCTGGTGAATTCATCACAGGGACCCTGGACACT       162    <	
11       AK080076       unknown EST       AAAGCTTCTGGGTCGACGTAT       ATCTTAGAGATGGCCCCACA       179         12       AK08376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGCTTTTGCCCACT       AGTCTCCCGCTCCCAATACT       255         13       BB684123       hypothetical protein MGC7868 (LOC224133)       CTGAAGCTTGGAGACCTTGG       TATTCAGCCTGGCAGGAGT       195         14       BC021340       Parp14 (poly ADP-ribose polymerase 14)       TCTGGTGAATCTGCAAACCA       CTGTCCCATGGAAGAGATGC       200         15       BC021821       RIKEN cDNA 5033415K03 gene, clone MGC:7873       AGAACTGGCAAACCA       CTGTCCCATGGAAGAGTTCC       163         16       BC025170       clone IMAGE:4013674, mRNA       ACACACACAGGACCCTGGACA       TCTCTCCAGGGAGACCTCGAA       194       mPDCA-1         18       BC029209 E       DEXH (Asp-Giu-X-His) box polypeptide 58       GGTGCCTTTCCCATACCAG       TCCCTGCAGCAGAATAAAGG       193         19       BC052532       CDNA sequence BC006779       GGTCCCCATCATAAAGCAGT       GGTGATTGGCAACGTTTACTT       298         20       L20315 E3       MPS1 gene       TGTAGACATGGGACGGGTGAT       ACTCTGGTAATTCATCCAGGACT       162	1850
12       AK083376 E1       H-2 CLASS I HISTOCOMPATIBILITY ANTIGEN, D-37       GATGTTGCTTTTTGCCCACT       AGTCTCCCGCTCCCAATACT       255         13       BB684123       hypothetical protein MGC7668 (LOC224133)       CTGAAGCCTTGCGAACCTTGG       TATTCAGCCTTGCCCTAGGT       195         14       BC021340       Parp14 (poly ADP-ribose polymerase 14)       TCTGGTGAATCTGCAAACCA       CTGTCCCATGGAAGAGAGC       200         15       BC02121       RIKEN cDNA 5033415K03 gene, clone MGC7873       AGAACTGGCAAACCTGGGAAG       CATCCCTCTTGAGCTTTTGC       163         16       BC025170       clone IMAGE:4013674, mRNA       ACACACCAGGACCCTGGTCC       GGAGTCGGCCTTAGGATTTC       181         17       BC027328       bone marrow stromal cell antigen 2, BST2       CAATCTACTTCCCATACCAG       TCTCTCCCAGGAGACTCCTGA       194       mPDCA-1         18       BC029209 E       DEXH (Asp-Giu-X-His) box polypeptide 58       GGTGCCCTTCCATACAGGT       TCCCTGCAGCAGATAAAGG       193         20       L20315 E3       MPS1 gene       TGTAGACATGGGAGGGGTGAT       ACTCTGGTAATTCATCACAGGAGCT       162	
12       Hit Boot microscontin McCr868 (LOC224133)       CTGAAGCCTTGACACTTGG       TATTCAGCCTTGCCCTGAGT       195         14       BC021340       Parp14 (poly ADP-ribose polymerase 14)       TCTGGTGAATCTGCAAACCA       CTGTCCCATGGAAGAGAGTGC       200         15       BC021821       RIKEN cDNA 5033415K03 gene, clone MGC:7873       AGAACTGGCAGACCTGGAGA       CATCCCTCTTGACGCTTTGC       163         16       BC025170       clone IMAGE:4013674, mRNA       ACAACCAGGACCCTGTCC       GGAGTCGGCCTTAGGATTTC       181         17       BC029209 E       DEXH (Asp-Glu-X-His) box polypeptide 58       GGTGCCTTTCCCATACCAG       TCCTCCCAGCAGAATAAAGG       193         19       BC052532       cDNA sequence BC006779       GGTCCGCATCATAAAGCAGT       GGTGATGGCCACGTTTACTT       298         20       L20315 E3       MPS1 gene       TGTAGACATGGGACGCGGTGAT       ACTCTGGTAATTCATCCACGAGCACT       162	
10       B0004120       Pripolaritatal pictuminical pictuminited pictuminical pictumin	
15       BC021821       RIKEN cDNA 5033415K03 gene, clone MGC:7873       AGAACTGGCAGAACCTGGAGAA       CATCCCTCTTGACCTTTTGC       163         16       BC025170       clone IMAGE:4013674, mRNA       ACACACCAGGACCCTGGAGA       CATCCCTCTTGAGCTTTTGC       181         17       BC027328       bone marrow stromal cell antigen 2, BST2       CAATCTACTTCGCCGTCACA       TCTTCTCCAGGGAGACCCTGGAGA       194       mPDCA-1         18       BC02909 E       DEXH (Asp-Giu-X-His) box polypeptide 58       GGTGCCTTTCCCATACCAG       TCCCTGCAGCAGATAAAGG       193         19       BC052532       CDNA sequence BC006779       GGTCCCCATCATAAAGCAGT       GGTGATTGGCAACACTGTTACTT       298         20       L20315 E3       MPS1 gene       TGTAGACATGGGAGGGGGTGAT       ACTCTGGTAATTCATCCAGGACCT       162	
10       BOOSTACT       Intel:Notional control of the intervention of the interventintervent of the interventintervention of the interven	
10       Boold Historic Storal cell antigen 2, BST2       CAATCTACTTCGCCGTCACA       TCTTCTCCCAGGGACTCCTGA       194       mPDCA-1         18       BC029209 E       DEXH (Asp-Glu-X-His) box polypeptide 58       GGTGCCTTTCTCCATACCAG       TCCTTGCCAGGGACTCCTGA       193         19       BC052532       cDNA sequence BC006779       GGTCCGCATCATAAAGCAGT       GGTGATGGCACACGTTTACTT       298         20       L20315 E3       MPS1 gene       TGTAGACATGGGACGGGTGAT       ACTCTGGTAATTCATCCAGGACT       162	
19     BC052/209 E     DEXH (Asp-Clu-X-His) box polypepilde 58     GGTGCCTTTCTCCATACCAG     TCCTGCAGCAGAATAAAGG     193       19     BC052/532     cDNA sequence BC006779     GGTCCGCATCATAAAGCAGT     GGTGATGGCACACGTTTACTT     298       20     L20315 E3     MPS1 gene     TGTAGACATGGGACAGGGTGAT     ACTCTGGTAATTCATCCAGGACT     162	
19     BC052532     CDNA sequence BC006779     GGTCCCCATCATAAAGCAGT     GGTGATGGCCACGTTACTT     298       20     L20315 E3     MPS1 gene     TGTAGACATGGACGGGGGGTAAT     ACTCTGGTAATTCATCCAGGACT     162	
20 L20315 E3 MPS1 gene TGTGGGACGGGTGGAT ACTCTGGGAATTCATCCAGGACT 162	
-22 M66220 BSD mONA along MMBSDa (1.3.2) and 20E1 $-1/2/2A/2A/2A/2A/2A/2A/2A/2A/2A/2A/2A/2A/2$	
23 NW_000329 Interferon-induced notein with test inconstitionentide	
24 NM 008331 repeats 1 AGGCTGGAGTGTGCTGAGAT TCTGGATTTAACCGGACAGC 226	
_ interferon-induced protein with tetratricopeptide	
25 NM_008332 repeats 2 GCCTTGCATATCTTGGCATT GGTGAGGGCTTTCTTTTTCC 182	
26 NM_008452 Kruppel-like factor 2 (lung) (Klf2), GGACCTAAACAACGTGTTGGA CTCCGGGTAGTAGAAGGCAG 117	
27 NM_009099 tripartite motif protein 30 (Trim30), CCTCGGATTAAATGACGGAAAGT CTGGAATTGTGGGTGATAGAACA 197	
28 NM_010255 guanidinoacetate methyltransferase (Gamt), TGGAAGTGGGCTTCGGTATG AGGGAACAACCTTATGTGGCT 147	
29 NM_010260 guanylate nucleotide binding protein 2 (Gbp2), ACCAGCTGCACTATGTGACG TCAGAAGTGACGGGTTTTCC 174	
30 NM_010392 histocompatibility 2, Q region locus 2 (H2-Q2), ACATGGAGCTTGTGGAGACC CAAGGACAACCAGAACAGCA 204	
31 NM_010393 E histocompatibility 2, Q region locus 5 (H2-Q5), ACATGGAGCTTGTGGAGACC AGCTCCAAGGATGACCACAG 224	
32 NM_010394 E histocompatibility 2, Q region locus 7 (H2-Q7), GGGAGCCTCCTCCATACACT AGGGACAAGACCCATCACTG 170	
33 NM_010397 histocompatibility 2, T region locus 22 (H2-T22), CTCACCTTTCTGGCTCAAGG CCATTGATCCCAATTTGACC 183	
34 NM_010398 histocompatibility 2, T region locus 23 (H2-T23), TCCATCCACTGTCTCCAACA GGGATTTTCATGCCTTCTGA 193 interferon-induced protein with tetratricopentide	
35 NM_010501 repeats 3 GAGGACAACCGGAAGTGTGT GGATGAGCAGAGGAGTCAGG 201	
36 NM 010741 lymphocyte antigen 6 complex, locus C (Ly6c), CTTGCTCTGATGGTCCTTCC ACTTACCCAGCAGCGGGCTAT 168	
37 NM 011637 three prime repair exonuclease 1 (Trex1), CGTCAACGCTTCGATGACAAC GCTCAGCCTAGCAAGCTCT 140	
38 NM 011909 ubiquitin specific protease 18 (Usp18). AAGGACCAGATCACGGACAC CACATGTCGGAGCTTGCTAA 230	
39 NM 021430 RIKEN cDNA 2900002H16 gene AGGAACGAGCTCAAGTCCAA CCCCGGGAGAAAAAGCTAAAC 174	
40 NM 023386 RIKEN cDNA 5830458K16 gene GTGGGGAGCAGAGCTATGAG TCCCTGGGACCTAGGCTTAT 191	
41 NM 025821 RIKEN cDNA 1200011K09 gene TICCTITCIGATGGCCTIGT CCTGGGCTATACAGCAGGAG 229	
42 NM 029803 interferon alpha-inducible protein 27 (Iff27) CTGCCATAGGAGGAGCTCTG GATGGCATTTGTTGATGTGG 212	
43 NM 031367 histocompatibility 28 (H28). TTAAACCTGATTGCCCCAAG GGATGGTTCATGAGCCTGTT 229	
44 NM 133871 expressed sequence AW261460 (AW261460). CCAACTGACTGCTCGCAATA TAGGACCCAGCAGCAGAACT 190	
45 NM 146114 SNM1-like (Snm1)) GCCCACGATCAATGTGTTTT TTGGGTCACAGAAAGTCGTG 166	
46 NM 199146 expressed sequence Al451617 CATTGAAGGGCTCATGGAT TGCCCATTTCTCCTTTGAG 290	

 Table 7.1C Primer for real time RT-PCR (LightCycler) designed by Miltenyi Biotec

 Reference: LIMS v1.3, Miltenyi Biotec, Bergisch Gladbach (former name: Memorec Biotec), unpublished data

#	Gene Acc. No.	Gene name	sense primer	sense primer	Product size	Comment
					(bp)	
1	AK077176	PHF11 (BRCA1, BCAP)	AGGACCACCAGGTCAGATG	GCAGCTTTTACTATCAGGGG	191	
2	NM_007609	CASP11 (ICH3, CASPL)	CATTGTCCAGGCCTGCAGAG	TTCTGGAAGCATGTGATGAG	243	
3	NM_008327	IFI202A (IFI202B, IFI202)	TGACACACTCTGCCTTGTTG	TAGGTCCAGGAGAGGCTTG	241	
4	NM_010846	IFI-GBP (MX1)	AATTCTCCGATTAACCAGGC	GTACAAAACCAGAAGCCGAC	301	
5	NM_013606	MX2	CCCCTGTACACAACTCACTC	TGCTGTGCACCAACAAGAAC	299	
6	NM_013673	HMG1-SP100 (HMGB1, HMG1)	CCCCTGTACACAACTCACTC	TGCTGTGCACCAACAAGAAC	232	syn: NM_010439
7	NM_019963	STAT-2	CTCAGTTGGCAGTTCTCCTC	TCATCCTGGTGCTCCACCC	362	
8	NM_020583	ISG20 (HEM45)	AACATCCAGAACAACTGGCG	AACATCCAGAACAACTGGCG CTACAGGAGTAGTAGCAGCT	242	
9	NM_021274	CXCL10 (SCYB10)	CCACGTGTTGAGATCATTGC	G	287	
10	NM_023141	DYT1 (TOR1A, DQ2)	GACTACTACCTGGATGACTG	TCACAAGTCCAGAATGCTGG GAGGAAGAGGGAAGAGGCA	221	syn. NM_144884
11	AK045368	MAPRE2	CCCAGCAGTGTTGATAGAGC	G	273	
12	NAP000805	unknown AGILENT annotation				
13	NM_008328	IFI203	AAAACTTCCCCAGAATGAGG	TCAGTCACCTCACCCTTCTC	291	
14	NM_009283	STAT1	no primer sequence available		200	
15	NM_025992	HERC5	TGTTTCTGATTTGGGAAAGG	CTCTGCCACCGTTTAGTCTC	300	syn. NM_016323
16	NM_199015	PHF11 (BCAP)	AGGACCACCAGGTCAGATG	GCAGCTTTTACTATCAGGGG	191	

### Table 7.1D Cloning primer for MPG1 and BST2

#	Gene Acc. No.	Gene name	sense primer	sense primer	Comment
1 2	Macrophage Specific Ge L20315_BgIII_FWD L20315_Sall_REV	ne (MPG1, MPS1) " "	AATCAGATCTACCACTGGATTTCAAATATGC	CAATGAGTCGACCTATGGTGACTCCCAAAGTGA	BgIII restriction site Sall restriction site
3 4a 4b	L20315_Sail_FWD L20315_Xhol_REV L20315_Notl_REV	n 11	AATCGTCGACACCACCATGAACAGCTTCATG GCCTT	ATGACTCGAGTTGGTGACTCCCAAAGTGATT ATGAGCGGCCGCCCGGTGACTCCCAAAGTGATT	Sall restriction site Xhol restriction site Notl restriction site
5a 5b 6	Msurine Bone marrow st Bst2_EcoRV-ATG_FWD Bst2_EcoRV_FWD Bst2_Notl_REV	romal antigen 2 " "	GGCGATATCACCACCATGGCGCCCTCTTTCT ATCA	GGCGATATCGCGCCCTCTTTCTATCACTA GCCGCGGCCGCTCAAAAGAGCAGGAACAGTGA	EcoRV restriction site + ATG codon EcoRV restriction site Notl restriction site

7 Random-hexamers

5'-NNN-NNN-Wobbles-3'

Table 7.2 List of differentially regulated genes in Sca-1 $^{\circ}$ and Sca-1 $^{\circ}$ PDCs	s from spleen and LNs
0.381/16% 0.71/110% 0.71/110% 0.71/110% 0.70/12% 0.70/12% 0.251/234% 0.69/17% 0.69/17% 0.69/17% 0.69/17% 0.69/17% 0.69/17% 0.69/17% 0.657/16% 0.657/16% 0.657/16% 0.657/17%	1.588 1.28 % 1.588 1.28 % 1.43/10 % 1.100/23 % 1.138/23 % 0.689/17 % 0.089/17 % 0.981/17 % 0.75/26 % 1.20/10 % 0.75/26 % 1.25/30 % 1.25/30 % 1.25/30 % 1.25/30 % 1.77 % 0.87/16 % 0.987/17 % 0.987/16 % 0.987/17 % 0.987/17 % 0.987/17 % 0.987/16 % 0.987/16 % 0.987/16 % 0.987/17 % 0.977/17
0.83/-9% 3.19/10 % 3.19/10 % 0.93/14 % 0.93/14 % 0.93/14 % 0.93/14 % 0.93/14 % 0.93/14 % 0.93/14 % 0.93/14 % 0.95/19 % 0.95/14 % 0.95/14 % 0.95/11 % 0.95/14 %0.90/12 % 0.90/14 % 0.90/14 % 0.90/14 %0.90/14 % 0.90/14 % 0.90/14 %0.90/14 % 0.90/14 % 0.90/14 %0.90/14 %0.90/14 % 0.90/14 %0.90/14 %0.90/14 %0.90/14 %0.90/14 %0.90/14 %0.90/14	1,5,2,1,2,5,2,5,3,5,2,5,5,5,5,5,5,5,5,5,5,5,5,5
0.90/10% 2.256/5% 2.256/5% 0.987/18% 0.087/18% 0.016/6% 0.1076/19% 0.227/19% 0.227/19% 0.227/19% 0.237/13% 0.237/13% 0.237/13% 0.237/13% 0.237/11% 0.237/11% 0.217/16% 0.1127/16% 0.1127/15% 0.127/11% 0.127/15%	1.60/10 % 1.00/2 % 1.00/2 % 1.00/2 % 1.88/25 % 1.23/16 % 1.23/9 % 1.15/10 % 1.15/8 % 3.26/8 % 3.26/8 % 3.36/8 % 1.15/10 % 1.15/10 % 1.15/10 % 1.15/25 % 0.33/16 % 0.33/17 % 0.33/16 %0.33/16 % 0.33/16 % 0.33/16 %0.33/16 % 0.33/16 % 0.33/16 %0.33/16 %0.33/16 % 0.33/16 %0.33/16 %0.33/16 %0.33/16 %0.33/16 %0.33/16 %0.33
<ul> <li>KARASZ, (RRASZ) RAS-RELATED PROTEIN R-RASZ (RAS-LIKE PROTEII 0.98/ 11%</li> <li>KARYKS (MAPK8 OR PRKMB OR JINK1) MITOGEN ACTIVATED PROTEII 0.27 20 95</li> <li>KABPKIG: (MAPK10 OR PRKMP1 OR JINK2) MITOGEN ACTIVATED PROTEII 0.27 20 95</li> <li>KABPKIG: (MAPK10 OR PRKMP1 OR JINK2) MITOGEN ACTIVATED PROTEII 0.27 20 95</li> <li>KABPKIG: (MAPK10 OR PRKMP1 OR JINK2) MITOGEN ACTIVATED PROTEII 0.27 20 95</li> <li>KABPKIG: (MAPK10 OR PRKMP1 OR JINK2) OR CD1571, JTUMOR INCERCO 106 49 95</li> <li>TO CASPZ: (CASP2 OR ICH1) CASPASE 2 PRECURSOR (EC 34.22-) (CTS 0.06 /11 7%</li> <li>TO CASPZ: (CASP2 OR ICH1) CASPASE 2 PRECURSOR (EC 34.22-) (CTS 0.06 /11 7%</li> <li>TO CASPZ: (CASP2 OR ICH1) CASPASE 2 PRECURSOR (EC 34.22-) (CTS 0.06 /11 7%</li> <li>TO CASPZ: (CASP2 OR ICH1) CASPASE 2 PRECURSOR (EC 34.22-) (CTS 0.06 /11 7%</li> <li>TO CASPZ: (CASP2 OR CD40) TUMOR NECROSIS FACTO 0.75 /16 95</li> <li>TO TRSFF6: (TINFRSF6 OR CD30) TUMOR NECROSIS FACTO 0.75 /16 95</li> <li>TO TRSFF118. (TINFRSF18 OR CD301) TUMOR NECROSIS FACTO 0.75 /16 95</li> <li>TO TRSFF118. (TINFRSF18 OR CD301) TUMOR NECROSIS FACTO 0.75 /16 95</li> <li>TO TRSFF118. (TINFRSF18 OR CD301) TUMOR NECROSIS FACTO 0.75 /16 95</li> <li>TO TRSFF118. (TINFRSF18 OR CD301) TUMOR NECROSIS FACTO 0.75 /16 95</li> <li>TO TRSFF118. (TINFRSF18 OR CD301) TUMOR NECROSIS FACTO 0.75 /17 95</li> <li>TO TRSFF118. (TINFRSF18 OR CD301) TUMOR NECROSIS FACTO 0.75 /17 95</li> <li>TO TRSFF118. (TINFRSF18 OR CD301) TUMOR NECROSIS FACTO 0.75 /17 95</li> <li>TO TRSFF118. (TINFRSF18 OR CD301) TUMOR NECROSIS FACTO 0.75 /17 95</li> <li>TO TRSFF118. (TINFRSF18 OR TUBOR OR CD301) TUMOR NECROSIS FACTO 0.75 /17 95</li> <li>TUTRSF118. (TINFRSF18 OR TUBOR OR CD301) TUMOR NECROSIS FACTO 0.75 /17 95</li> <li>TO TRSFF118. (TINFRSF18 OR TUBOR OR CD301) TUMOR NECROSIS FACTO 0.75 /17 95</li> <li>TO TRSFF118. (TINFRSF18 OR TUBOR OR CD301) TUMOR NECROSIS FACTO 0.75 /17 95</li> <li>TO TRSFF118. (TINFRSF18 OR TUBOR OR CD301) TUMOR NECROSIS FACTO 0.76 /17 95</li> <li>TUTRSF118. (TINFRSF18 OR TUBOR OR CD301)</li></ul>	10. LUNDER: (LANDET) CR. LANDET) LYSOSOME-ASSOCIATED MEMBRANE C2 213 / 13 % (18 KT) (KT) CR STR: (CSFTR OR CSFMR OR FMA) MACOFATE COLONY STIMULATING 166 / 17 % (11 CS FTR: (CSFTR OR CSFMR OR FMA) MACOFATE COLONY STIMULATING 166 / 17 % (11 CS FTR: (CSFTR OR CSFMR OR FMA) MACOFATE COLONY STIMULATING 166 / 17 % (11 CS FTR: (CSFTR OR CSFMR OR FMA) MACOFATE COLONY STIMULATING 166 / 17 % (11 SC OR CSFTR) OR FANULOCYTE COLONY STIMULATING 166 / 17 % (11 SC OR CSFTR) OR STANULOCYTE COLONY STIMULATING 166 / 17 % (11 SC OR CSFTR) OR FANULOCYTE COLONY STIMULATING 166 / 17 % (11 SC OR CSFTR) OR FLAN) MACOFATE COLONY STIMULATING 166 / 17 % (11 SC OR CSFTR) OR FLAN (11 SC OR CSFTR) OR FLAN (11 A 16 4 % (11 SR OR LL) NITERLEUKIN-1 RECEPTOR ALPHA 30 / 12 % (11 A 16 4 % (11 SR OR CSFTR) OR LGST (11 A 17 1 4 % (11 SR OR CSFTR) OR LGST (11 SR OR CSFTR) OR CSFTR (05 CSFTR) OR STAN (11 LLSR (11 CSFT) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LLSR (11 CSFT) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 CSFT) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN-8 FECEPTOR ALPHA CHAIN PRE003 23 / 11 % (11 LGST) NITERLEUKIN
<b>Chip 4 (LN-IM)</b> 4050038 (1.14.1.16 % 0.971/19 % 0.997/19 % 0.987/19 % 0.688/23 % 0.688/23 % 0.682/94 % 0.577/40 % 0.577/10 % 0.577/10 % 0.577/10 % 0.577/10 % 0.577/10 % 0.577/10 % 0.577/11 % 0.677/11 % 0.6	0.25/15% 0.49/11% 0.49/15% 0.49/13% 0.28/17% 0.28/14% 0.25/28% 0.56/2% 1.46/58% 0.55/28% 0.55/13% 0.25/13% 0.25/13%
<b>2.221</b> 2.00 2.0 9 2.0 4.0 50053 4050053 4050053 4050053 53 4050053 53 54 55 55 55 55 56 1.7 1.7 65 5 56 1.7 1.7 65 5 56 1.7 7.1 7 65 5 56 1.7 7.1 7 65 5 56 1.7 7.1 7 65 5 56 1.7 57 1.4 56 1.5 7.1 1.5 7.1 2.5 1.5 7.1 1.5 7.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1	0.65.7 - % 0.80/1% 0.280/1% 1.2318% 1.2075% 3.342/5% 3.342/5% 2.78/5% 1.36/19% 1.36/19% 0.76/8% 0.78/8% 0.76/8
I. Chip 2 (LW)           1. Chip 2 (LW)           4050036           6         1.36 - %           1.74 / 10 %           1.74 / 10 %           1.74 / 10 %           1.74 / 10 %           1.74 / 10 %           0.82 / 10 %           0.82 / 10 %           0.82 / 10 %           0.82 / 10 %           0.82 / 10 %           0.82 / 10 %           0.82 / 13 %           0.82 / 13 %           0.82 / 13 %           0.82 / 13 %           0.81 / 13 %           0.101 / 34 %           0.201 / 38 %           0.201 / 38 %           0.210 / 38 %           0.210 / 38 %           0.201 / 38 %           0.201 / 38 %           0.201 / 38 %           0.201 / 38 %           0.201 / 17 %           0.201 / 17 %           0.201 / 17 %           0.201 / 17 %           0.202 / 17 %           0.203 / 88 %           0.203 / 18 %           0.203 / 18 %           0.203 / 18 %           0.203 / 18 %           0.203 / 18 %           0.203 / 18 %           0.204 / 43 % <td><ul> <li>0.011/23%</li> <li>0.021/13%</li> <li>0.025/11%</li> <li>0.025/11%</li> <li>0.025/17%</li> <li>168/15%</li> <li>1.621/13%</li> <li>1.54/13%</li> <li>1.54/13%</li> <li>1.61/13%</li> <li>1.61/13%</li> <li>0.84/13%</li> <li>0.84/13%</li> <li>0.84/13%</li> <li>0.91/13%</li> <li>0.84/13%</li> <li>0.91/13%</li> <li>0.95/13%</li> <li>0.55/10%</li> </ul></td>	<ul> <li>0.011/23%</li> <li>0.021/13%</li> <li>0.025/11%</li> <li>0.025/11%</li> <li>0.025/17%</li> <li>168/15%</li> <li>1.621/13%</li> <li>1.54/13%</li> <li>1.54/13%</li> <li>1.61/13%</li> <li>1.61/13%</li> <li>0.84/13%</li> <li>0.84/13%</li> <li>0.84/13%</li> <li>0.91/13%</li> <li>0.84/13%</li> <li>0.91/13%</li> <li>0.95/13%</li> <li>0.55/10%</li> </ul>
<ul> <li>Chip 11(h</li> <li>MAME</li> <li>NAME</li> <li>11.2 (IL 1B) INTERLEUKIN-1 BETA PRECURSOR (IL-1) (T-CATABO 0.97 / 149</li> <li>2 (IL2 (IL 20 R. L-2) INTERLEUKIN-1 PRECURSOR (IL-3) (T-CELL GROWT 0.97 / 149</li> <li>3 (L3 OR L-3) OR L-3 OR CSFMU) INTERLEUKIN-3 PRECURSOR (IL-3) (T-CELL GROWT 0.97 / 149</li> <li>3 (L3 (IL 30, NITERLEUKIN-1 PERCURSOR (IL-3) (T-CELL REPLAC 222 / 96</li> <li>4 L1.7 (IL 10) INTERLEUKIN-1 PRECURSOR (IL-3) (T-CELL REPLAC 222 / 96</li> <li>5 (L15 OR L-3) INTERLEUKIN-1 PRECURSOR (IL-3) (T-CELL REPLAC 222 / 96</li> <li>6 L1.7 (IL 10) INTERLEUKIN-1 PRECURSOR (IL-3) (T-CELL REPLAC 222 / 96</li> <li>7 (L1 10) INTERLEUKIN-1 PRECURSOR (IL-3) (T-CELL REPLAC 222 / 96</li> <li>8 L1.0 (IL10 OR L-3) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 37 / 139</li> <li>9 LL13 (L13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 179</li> <li>9 LL15 (IL12 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 179</li> <li>9 LL15 (IL12 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 139</li> <li>10 L122 (IL13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 139</li> <li>11 L128 (IL13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 139</li> <li>11 L128 (IL13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 139</li> <li>11 L128 (IL13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 139</li> <li>11 L128 (IL13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 37 / 138</li> <li>11 L128 (IL13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 139</li> <li>11 L128 (IL13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 139</li> <li>11 L128 (IL13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 37 / 138</li> <li>11 L128 (IL13 OR NISF1) INTERLEUKIN-1 3 PRECURSOR (IL-1) (ADIPOGENESIS INI 0 36 / 139</li> <li>11 L128 (IL</li></ul>	<ul> <li>43 THEST12, TTHEST12 OR APOSL OR DRBING NECHORIS FACT-006/159</li> <li>44 APC: (APC OR DP2.5) ADENOMATOUS POLYPOSIS COLI PROTEIN (41:00/738/44</li> <li>45 CONB2; (COURD) OR PRADI OR BOLJ) (31/5-SPECIFIC CYCLIN D2.</li> <li>46 CONB2; (COUDJ) OR PRADI OR BOLJ) (31/5-SPECIFIC CYCLIN D1.</li> <li>46 CONB2; (COUDJ) OR PRADI OR BOLJ) (31/5-SPECIFIC CYCLIN D1.</li> <li>47 COND3; (COUDJ) OR PRADI OR BOLJ) (31/5-SPECIFIC CYCLIN D1.</li> <li>48 CONE1; (COND1 OR PRADI OR BOLJ) (31/5-SPECIFIC CYCLIN D1.</li> <li>49 CORE1; (COND1 OR PRADI OR BOLJ) (31/5-SPECIFIC CYCLIN D1.</li> <li>49 CONE1; (COND1 OR PRADI OR BOLJ) (31/5-SPECIFIC CYCLIN D1.</li> <li>49 CONE1; (COND1 OR PRANIJO OR ERK1) MITOGEN-ACTIVATED PROTEIL 73/119</li> <li>50 MAPK3; (MAPK4 OR PRKMIG OR ERK2) MITOGEN-ACTIVATED PROTEIL 73/121</li> <li>51 MAPK1; (MAPK4 OR PRKMIG OR ERK2) MITOGEN-ACTIVATED PROTEIL 73/121</li> <li>52 MAPK2; (MAPK4 OR PRKMIG OR ERK3) MITOGEN-ACTIVATE1 F0 PROTEIL 73/121</li> <li>53 MAPK4; (MAPK4 OR PRKMIG OR ERK3) MITOGEN-ACTIVATE1 PROTEIL 73/121</li> <li>54 MAPK7; (MAPK4 OR PRKMIG OR ERK3) MITOGEN-ACTIVATE1 69/221</li> <li>55 GADD456; (DAD133 OR CHOP OR GADD34) PROTEIN PHOSPHATASE 1, RE(1.55/149</li> <li>56 GADD155; (DD113 OR CHOP OR GADD34) PROTEIN PHOSPHATASE 1, RE(1.55/149</li> <li>56 GADD456; (GADD456 OR DD117 OR 6ADD450) GROWTH ARREST AND D12/41/239</li> <li>58 GAS2; (GAS2) SROWTH ARREST-SPECIFIC PROTEIN 2, RE(1.55/149</li> <li>56 ADD456; (GADD456 OR DD117 OR 6ADD450) GROWTH ARREST AND D12/41/239</li> <li>58 GAS2; (GAS2) PROVITH ARREST-SPECIFIC PROTEIN 2, PON-2014/239</li> <li>58 GAS2; (GAS2) PROVINT ARREST-SPECIFIC PROTEIN 2, RE(1.55/149</li> <li>58 GAS2; (GAS2) PROVINT ARREST-SPECIFIC PROTEIN 2, PON-2014/239</li> <li>58 GAS2; (GAS2) PROVINT ARREST-SPECIFIC PROVINT ARREST AND D12/41/239</li> <li>50 MAPK14; (MAPK11 OR CSBP1 OR CSBP2 OR CSBP OR MX12) MITOGEL 4.43/77</li> <li>50 MAPK14; (MAPK14 OR CSBP1 OR CSBP2 OR CSBP OR MX12) MITOGE 1.43/77</li> <li>50 MAPK14; (MAPK14 OR CSBP1 OR CSBP2 OR CSBP OR MX12) MITOGE 1.43/77</li> <li></li></ul>

0.67 / 21 % 0.93 / 12 % 1.12/23% 1.21/21% 0.93 / 16 % 1.08 / 19 % 1.80 / 17 % 1.38 / 29 % .74/7% .32/3% 0.67 / 24 % 0.60 / 11 % 0.75/11% 1.17 / 17 % 0.75 / 16 % 16/11% 0.66 / 23 % 2.43 / 10 % 0.92 / 13 % 0.82 / 11 % 0.24 / 14 % 1.03 / 10 % 0.29/31% 0.71 / 15 % 0.98 / 19 % 1.11 / 19 % 0.86 / 26 % 0.73 / 10 % 1.73/15% 1.20 / 13 % 1.56 / 15 % 1.22 / 19 % 0.73/22% 0.29 / 11 % 0.70 / 14 % 0.56 / 20 % 0.61 / 25 % 0.28 / 15 % 0.60 / 36 % 1.89 / 16 % 0.89 / 12 % 0.75/17% 0.94 / 13 % 0.89 / 11 % 0.97 / 29 % 0.25 / 10 % 0.85 / 10 % 0.95 / 22 % 0.88 / 29 % 0.52/9% 1.01/8% 0.90 / 8 % 0.76/5% 1.13/7% 4.66 / 6 % 0.84/9% 0.77/9% 0.84 / 4 % .34/9% 0.66 / 8 % 0.92/4% 89 / 8 % 0.74/2% 0.44/9% 0.56 / 6 % 0.93 / 17 % 5.62 / 22 % 0.89/3% 1.04/2% 1.08/1% 71/37% 0.95/32% 1.34/37% .99 / 14 % 0.98 / 16 % 1.49 / 11 % 0.78/20% 0.60 / 18 % 0.98 / 22 % 1.59 / 29 % 1.21 / 12 % 1.64 / 20 % 2.70/4% 1.24/1% 7.64/37 % 2.02/2% 0.76/7% 1.00 / 41 % 0.86 / - % 0.90 / 1 % 1.92 / 2 % 0.78/-% 1.53/1% 2.51/2% 3.37/5% 0.87 / 1 % 2.81 / 3 % 1.75/6% 2.47/3% 1.02 / 9 % 16/3% 0.77 / 4 % 1.10/2% 0.73/5% 0.73/5% 0.29 / 5 % 1.11/-% 0.90 / - % 0.66 / - % 5.82 / - % 0.65 / 1 % 0.51/4% 0.17 / 5 % 1.07 / - % 1.20 / - % % - 1 22 0.62/2% 1.30 / - % 0.90 / - % 1.25 / - % 1.41 / - % 0.89 / - % 0.74 / - % à 0.80 / 14 % 1.00 / 15 % 1.86 / 16 % 0.76 / 10 % 1.00 / 25 % 0.82 / 28 % 0.82 / 22 % 2.07 / 13 % 1.31 / 18 % 0.89/25% 0.65/22% 1.31/50% 1.16/22% 0.90/-% 0.80 / 22 % 1.14 / 13 % 0.91 / 10 % 1.03 / 35 % 2.03 / 12 % 0.76 / - % 0.86 / 21 % 2.48 / 15 % 0.80 / 19 % 0.90 / 14 % / 12 % / 16 % / 12 % / 51 % / 16 % / 17 % / 29 % 2.18 / 7 % 0.54 / 13 % / 29 % / 11 % 0.71/13% 3.82 / 21 % / 11 % 1.01/17 % 3.61 / 14 % 0.98 / 20 % 0.70 / 16 % 74/29% 0.20 / 13 % 1.41 / 14 % 0.91 / 19 % 0.24 / 11 % 14 / 10 % /8% /6% 19/6% 1.23/7% 0.93 / 6 % 0.91/9% 12% 0.83 / 9 % 0.90 / 4 % 1.73/9% /8% 0.75/3% 0.90 / 6 % 1.44 / - % 0.86 / 6 % /18 1.35/1 0.63 / 72 | 10 86 1.32 0.93 / 1.35/ 0.59 1.40 0.88 / 0.93 / 0.38 / 2.30 0.92 ò c ō ö ö CD3Z-CD3H: (CD3Z OR T3Z OR TCRZ) T-CELL SURFACE GLYCOPRO 0.78 / 10 % CD4: (CD4) T-CELL SURFACE GLYCOPROTEIN CD4 PRECURSOR (T-(1.54 / 15 % ITGA2B: (ITGA2B OR ITGAB OR GP2B) PLATELET MEMBRANE GLYCC 1.00 / 11 % GP1BA: (GP1BA; GP1BA; PLATELET GLYCOPROTEIN IB ALPHA CHAIN PRECL 0.21 / 26 % CD47; (CD47 OR IAP) LEUKOCYTE SURFACE ANTIGEN CD47 PRECUF0.92 / 16 % CD48; (CD48 OR BCM1 OR BLAST1 OR BCM-1) B-LYMPHOCYTE ACT1' 1.46 / 21 % 216 CDF: (CD7) T-CELL DIFERENTIATION ANTICENCED ROLECULE : 3.05 / 17 % 217 CD7; (CD7) T-CELL DIFERENTIATION ANTICENCED ROP RECURSOR (T 0.71 / 15 % 217 CD7; (CD7) T-CELL INTICENCED ROP RECURSOR (T 0.71 / 15 % CD8B: (CD8B OR LYT-3 OR CD8B1 OR LYT3) T-CELL SURFACE GLYC(3.17/16 % CD9. (CD9 OR MIC3) CD9 ANTIGEN (P24) (LEUKOCYTE ANTIGEN MIC: 0.78/7 % 221 GAP1M: (RASA2 OR RASGAP OR GAP1M) RAS GTPASE-ACTIVATING 0.79/15 % 222 GAP1: (GAP1 OR RASA3) RAS GTPASE-ACTIVATING PROTEIN 3 (GAF 1.34/16 % FPR1: (FPR1) FMET-LEU-PHE RECEPTOR (FMLP RECEPTOR) (N-FOR 0.81 / 11 % HR2R; (HH2R) HISTAMINE H2 RECEPTOR (GASTRIC RECEPTOR I) 2:31 / 11 % 234 CALB2: (CALB2 OR CAB29) CART CALRETININ (CR) (29 KD CALB1011.00 / 19 % 235 GJA1.2: (GJA1) GAP. JIINOTION AI DUA A AMATTAN CNR1 1: (CNR1 OR CNR) CANNABINOID RECEPTOR 1 (CB1) (CB-R) (10;94 / 13 % CMKLR1: (CMKLR1 OR DEZ OR CHEMR23) CHEMOKINE RECEPTOR-10:68 / 22 % % CNF) G2/MITOTIC-SPECIFIC CYCLIN F. 1.02 / 16 % (COL1841) COLLAGEN ALPHA 1(XVIII) CHAIN [CONTAINS 1.00 / 18 % COL18A1\_1: (COL18A1) COLLAGEN ALPHA 1(XVIII) CHAIN [CONTAINS 1.00 / 18 % LIG3: (LIG3) DNA LIGASE III (EC 6.5.1.1) (POLYDEOXYRIBONUCLEOTI 1.57 / 19 % 0.92 / 17 % 1.39 / 10 % (CD3E OR T3E) T-CELL SURFACE GLYCOPROTEIN CD3 EPSIL(0.91 / 12 % SPN: (SPN OR CD43) LEUKOSIALIN PRECURSOR (LEUCOCYTE SIALC 1.28 / 16 % CD44 EX10-12 MOUSE: (CD44 OR LHR) CD44 ANTIGEN PRECURSOF 2.19 / 10 % CD45\_1\_EX29-31: (PTPRC OR CD45 OR LY-5) LEUKOCYTE COMMON 1.23 / 10 % ITGA1\_1: (ITGA1) INTEGRIN ALPHA-1 (LAMININ AND COLLAGEN RECI0.94 / 15 % ITGA4: (ITGA4 OR VLA-4) INTEGRIN ALPHA-4 PRECURSOR (INTEGRIP 2.73 / 19 % 212 ITGA5: (ITGA5 OR FNRA) INTEGRIN ALPHA-5 PRECURSOR (FIBRONE 1.45 / 39 % 213 ITGA6: (ITGA6) INTEGRIN ALPHA-6 PRECURSOR (VLA-6) (CD49F) (IN1 0.69 / 16 % 214 CD5: (CD5 OR LEU1) T-CELL SURFACE GLYCOPROTEIN CD5 PRECUI 0.73 / 18 % 218 CD8A: (CD8A OR MAL OR LYT2 OR LYT-2) T-CELL SURFACE GLYCOP 1.84 / 15 % HTR1A<sup>-</sup>(HTR1A) 5-HYDROXYTRYPTAMINE 1A RECEPTOR (5-HT-1A) ( 0.86 / 16 % (C3AR1 OR C3R1 OR AZ3B OR HNFAG09) C3A ANAPHYLATO) 0.67 / 13 % CCR3: (CCR3 OR CMKBR3 OR CMKBR1L2) C-C CHEMOKINE RECEPT 1.17 / 16 % CCR4: (CCR4 OR CMKBR4) C-C CHEMOKINE RECEPTOR TYPE 4 (C-C 0.86 / 18 % CCR5-CCR2: (CCR5 OR CMKBR5) C-C CHEMOKINE RECEPTOR TYPE 1.67 / 16 % PAR3: (F2RL2 OR PAR3) PROTEINASE ACTIVATED RECEPTOR 3 PRE 4.26 / 20 % TSHR: (TSHR) THYROTROPIN RECEPTOR PRECURSOR (TSH-R) (TH) 0.69 / 20 % 238 AGTRL1: (AGTRL1 OR APJ) PROBABLE G PROTEIN-COUPLED RECEF 0.97 / 17 % 0.84 / 28 % FY: (FY OR DFY OR GPD OR DARC) DUFFY ANTIGEN/CHEMOKINE RE 1.46 / 42 % EMR1: (EMR1) CELL SURFACE GLYCOPROTEIN EMR1 PRECURSOR (0.87 / 15 % PTAFR: (PTAFR OR PAFR) PLATELET ACTIVATING FACTOR RECEPT(0.68 / 14 % PTGDR: (PTGDR) PROSTAGLANDIN D2 RECEPTOR (PROSTANOID DF 1.08 / 11 % PTGIR: (PTGIR OR PRIPR) PROSTACYCLIN RECEPTOR (PROSTANOII 0.97 / 10 % (CMKOR1 OR RDC1) G PROTEIN-COUPLED RECEPTOR RDC1 0.95 / 22 % SLC7A6: (SLC7A6 OR KIAA0245) SOLUTE CARRIER FAMILY 7 (CATION 0.75 / 19 % BARD1: (BARD1) BRCA1-ASSOCIATED RING DOMAIN PROTEIN (BARI 0.74 / 19 % (CD38) ADP-RIBOSYL CYCLASE 1 (EC 3.2.2.5) (CYCLIC ADP-RIE 0.92 / 17 % FBXW1A: (FBXW1A OR FBW1A OR BTRCP OR BTRC) F-BOX/WD-REPI 1.29 / 14 % IQGAP1: (IQGAP1) RAS GTPASE-ACTIVATING-LIKE PROTEIN IQGAP1 2.12/6% IQGAP2: (IQGAP2) RAS GTPASE-ACTIVATING-LIKE PROTEIN IQGAP2.0.68/6% ITGA2: (ITGA2) INTEGRIN ALPHA-2 PRECURSOR (PLATELET MEMBR/ 1.09 / 9 % NF1: (NF1) NEUROFIBROMIN (NEUROFIBROMATOSIS-RELATED PRO 0.22 / 7 % CCR10: (CCR10 OR GPR2) C-C CHEMOKINE RECEPTOR TYPE 10 (C-(0.74/8% P2RY14: (P2RY14 OR GPR105 OR KIAA0001) P2Y PURINOCEPTOR 14 1.86 / 9 % T3D) T-CELL SURFACE GLYCOPROTEIN CD3 DELT/ 0.93 / 2 % (ITGA3) INTEGRIN ALPHA-3 PRECURSOR (GALACTOPROTEIN 1.07 / 7 % RASA1 1: (RASA1 OR RASA) GTPASE-ACTIVATING PROTEIN (GAP) (F1.63 / 7 % PTGER2: (PTGER2) PROSTAGLANDIN E2 RECEPTOR, EP2 SUBTYPE 0.93/3 % PTGFR: (PTGFR) PROSTAGLANDIN F2 ALPHA RECEPTOR (PROSTAN 1.17 / 8 % GPCR25: (GPCR25 OR TDAG8) PROBABLE G PROTEIN-COUPLED RE-0.51 / 21 CD39: (ENTPD1 OR CD39) VASCULAR ATP-DIPHOSPHOHYDROLASE CALCR: (CALCR) CALCITONIN RECEPTOR PRECURSOR (CT-R). 2: (CCNF) G2/MITOTIC-SPECIFIC CYCLIN F (CD37) LEUKOCYTE ANTIGEN CD37 CD3D: (CD3D OR ' CD3E: (CD3E OR ' C3AR1: ITGA3: CD37: CD38: RDC1: CCNF 240 CNR1 208 223 236 194 195 196 198 200 200 203 205 205 205 205 205 210 5 219 220 224 225 226 227 228 229 230 231 232 237 239 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 0.31 / 15 % 0.82 / 14 % 0.87 / 20 % 1.12 / 15 % 0.65 / 25 % 1.35 / 15 % 0.85 / 15 % 1.32 / 24 % 0.66 / 13 % 0.58/23% 0.71/15% 0.55 / 15 % 0.40 / 40 % 1.01 / 10 % 1.77 / 18 % 0.85 / 23 % 1.35 / 15 % 0.33 / 12 % 0.32 / 15 % 2.54 / 10 % 0.55/4% 0.49/5% 2.53 / 12 % 0.82 / 17 % 0.88 / 19 % 3.32 / 11 % 0.74 / 12 % 0.81 / 68 % 0.70 / 17 % 5.21 / 14 % 2.38 / 63 % 0.26 / 22 % 1.11 / 18 % % 2.30 / 43 % 2.68 / 11 % 0.70 / 13 % 0.56 / 21 % 1.65 / 11 % 1.10/15% 1.68 / 23 % 0.60 / 50 % 1.68 / 10 % 0.93 / 15 % 0.65 / 10 % 0.73/20% 0.12/23% 0.52 / 15 % 4.57 / 26 % 0.80 / 11 % 2.33 / 14 % 0.97 / 11 % 1.42 / 13 % 4.91/23% 0.77/21% 1.14/4% 0.72/4% 0.99 / 4 % 0.67 / 8 % 1.44 / 9 % 0.65 / 6 % 0.98 / 8 % 1.57 / 7 % 1.65 / 5 % 0.78/9% 0.81 / - % 1.38/0% 1 0.80/2% 0 1.06/24% 0 1.75/31% 0.74/10% 2.86 / 20 % 1.42 / 18 % 1.00 / 19 % 19 / 49 % 5.76/19% 0.81 / 10 % 0.96 / 13 % 0.49 / 13 % 0.55/-% 1.52/4% 1.06/7% 1.01 / 12 % 0.58 / - % 0.62 / - % 0.37 / - % % 0.82/3% 0.90 / 5 % 0.62 / 0 % 0.47/1% 1.68/2% 2.09/4% 9.43 / 103 % 0.46/3% 0.82 / - % 0.38 / 1 % 0.96/3% .01 / - % 0.75/0% 0.26 / 7 % 1.20 / - % 10 / 0 % 0.42 / 5 % 0.77/7% 1.11/2% 0.93 / 7 % 1.60 / - % 0.74 / - % 0.89 / - % 1.17 / - % 1.55 / - % 0.95 / - % 0.61 / - % 0.93 / - % 0.54 / - % 7.98 / - % 0.91 / - % 0.89 / - % 0.52 / - % 1.00 / -1.37 / -Ó Ň 14.21 / 56 % 1.15/11% 7.46/41% 0.97/14% 1.27 / 14 % 0.59 / 10 % 1.00 / 27 % 4.67 / 13 % 2.24 / 27 % 0.83 / 12 % 0.60 / 7 % 0.56 / 13 % 1.02 / 8 % 1.50 / 10 % 0.93 / 1 % 1.08 / 8 % 0.62 / 10 % 2.38/31% 0.92/8% 0.46 / 16 % 1.39 / 12 % 0.36 / 13 % 1.70/15% 0.89 / 14 % 0.83 / 14 % 5.89 / 75 % 1.01 / 17 % 4.59/25% 1.24 / 20 % 0.14 / 12 % 1.99 / 14 % 0.37 / 11 % 0.56 / 10 % 0.84 / 10 % 0.87 / 32 % 1.97 / 15 % 2.41 / 13 % 05/10% 0.28 / 12 % 79/11% 1.83 / 70 % 1.87 / 7 % 0.93 / 6 % 0.95 / 14 % 1.35 / 21 % 0.89 / 11 % 1.20 / 11 % 1.02 / 10 % 0.79 / 11 % 0.83 / 4 % 1.50 / 7 % 0.95/7% 0.59 / 9 % 0.95 / 6 % 0.84 / 7 % 2.32/4% 0.57/3% 0.69 / 6 % 0.97 / 7 % 1.32/6% 1.92/7% 0.80 / 4 % 0.94 / 5 % 0.08 / 6 % 0.83 / - % PTPRJ: (PTPRJ) OR DEPT ÓR BYP OR SCC1) PROTEIN-TYROSINE PH: 1.16, 15 % CD151: (CD151) PLATELET-ENDOTHELIAL TETRASPAN ANTIGEN 3 (P 0.62, 14 % CTL44: (CTL44 OR CD152) CYTOTOXIC T-LYMPHOCYTE PROTEIN 4-0.91/15 % CCNL4: (CCNH) 7 YOCLIN H (MO15 ASSOCIATED PROTEIN (P37), [P34, 0.88/15 % ADAM8: (ADAM8 OR MS2) ADAM 8 PRECURSOR (EC 3.4.24-) (A) DISIN 0.90 / 13 % BST1: (BST1 OR BP3 OR BP-3 OR LY65) ADP-RIBOSYL CYCLASE 2 PF 0.79 / 19 % SELPLG: (SELPLG) P-SELECTIN GLYCOPROTEIN LIGAND 1 PRECUR\$0.99 / 12 % CD79B: (CD79B OR IGB OR B29) B-CELL ÁNTIGEN RECEPTOR COMPIO.15/21% CD80: (CD80 OR CD28LG OR L28L5 OR LAB7 OR 17) T LYMPHOC: 1.14/3 % CD81: (CD81 OR TAPA1) CD81 ANTIGEN (26 KDA CELL SUFFACE PRC: 0.94/17% KAI1: (KAI1 OR CD22 OR SAR2) CD82 ANTIGEN (INDUCIBLE MEMBAR 1.23/23 % CD24; (CD24 OR CD24A) SIGNAL TRANSDUCER CD24 PRECURSOR (11.13/15% IL2RA; (IL2RA OR IL2R) INTERLEUKIN-2 RECEPTOR ALPHA CHAIN PR0.93/21% DPP4; (DPP4 OR ADCP2 OR CD26) DIPEPTIDYL PEPTIDASE IV (EC 3.43.02/13% DCP1 1: (DCP1 OR DCP OR ACE) ANGIOTENSIN-CONVERTING ENZY 0.57 / 24 % ITGAV: (ITGAV OR VNRA) VITRONECTIN RECEPTOR ALPHA SUBUNIT 2.15/27 % CD52: (CDW52 OR CD52 OR HE5 OR MB7 OR RB7) CAMPATH-1 ANTIC 1.02 / 14 % CD53: (CD53 OR MOX44 OR OX-44) LEUKOCYTE SURFACE ANTIGEN 1.20 / 18 % DAF: (DAF OR CR OR CD55) COMPLEMENT DECAY-ACCELERATING 10.97 / 8 % NCAM1\_1: (NCAM1 OR NCAM) NEURAL CELL ADHESION MOLECULE, 0.88 / 21 % ITGB3: (ITGB3 OR GP3A) INTEGRIN BETA-3 PRECURSOR (PLATELET 0.75/22% SELL: (SELL OR LYAM1 OR LNHR OR LY-22) L-SELECTIN PRECURSO 1.25 / 11 % FCGR1A: (FCGR1A OR FCGR1 OR FCG1 OR IGFR1) HIGH AFFINITY IN 1.12.18 % CD68: (CD68) MACROSIALIN PRECURSOR (CD68 ANTIGEN) (GP110). 0.66 / 17 % CD69: (CD69) EARLY ACTIVATION ANTIGEN CD69 (EARLY T-CELL AC 2.73 / 12 % TFRC\_MIDDLE: (TFRC) TRANSFERRIN RECEPTOR PROTEIN (TFR1) ( 0.38 / 32 % CD72: (LY-32 OR LYB-2 OR CD72) B-CELL DIFFERENTIATION ANTIGE 0.33 / 28 % NT5: (NT5E OR NT5 OR NT5) S-NUCLEOTIDASE PRECURSOR (EC 3.11.06 / 14 % CD74; (CD74 OR DHLAG OR II) HLA CLASS II HISTOCOMPATIBILITY A 1.54 / 20 % CD794; (CD794 OR IGA OR MB1 OR MB1, D B-CELL ANTIGEN RECEPT+1.08 / 19 % CD83: (CD83) ANTIGEN PRECURSOR (CELL SURFACE PROTEIN HB1: 1.12 / 22 % CD84: (CD84) LEUKOCYTE DIFFERENTIATION ANTIGEN CD84. 2.93 / 19 % CD86: (CD86 OR CD28LG2) T LYMPHOCYTE ACTIVATION ANTIGEN CI 104 / 11 % PLAUR: (PLAUR OR UPAR OR MO3) UROKINASE PLASMINOGEN ACT 0.65 / 27 % C5R1\_1: (C5R1 OR C5AR) C5A ANAPHYLATOXIN CHEMOTACTIC REC 0.99 / 13 % THY1. (THY1) THY-1 MEMBRANE GLYCOPROTEIN PRECURSOR (THY 0.67 / 25 % LRP1: (LRP1 OR A2MR) LOW-DENSITY LIPOPROTEIN RECEPTOR-REI 3.84 / 23 % KLRD1: (KLRD1 OR CD94) NATURAL KILLER CELLS ANTIGEN CD94 (k 0.79 / 16 % CD96: (TACTILE OR CD96) T-CELL SURFACE PROTEIN TACTILE PRE( 1.62 / 11 % MDU1: (SLC3A2 OR MDU1) 4F2 CELL-SURFACE ANTIGEN HEAVY CH/ 0,44 / 17 % ITGAL: (ITGAL OR CD11A OR LFA-1) INTEGRIN ALPHA-L PRECURSOF 0.86 / 18 % ANPEP: (ANPEP OR PEPN OR APN OR CD13 OR LAP1 OR LAP-1) AMI 0.96 / 16 % CD14: (CD14) MONOCYTE DIFFERENTIATION ANTIGEN CD14 PRECU 2.27 / 16 % ITGB2: (ITGB2 OR CD18) INTEGRIN BETA-2 PRECURSOR (CELL SUR 0.89 / 17 % CD19: (CD19) B-LYMPHOCYTE ANTIGEN CD19 PRECURSOR (B-LYMP 0.70 / 16 % MS441: (MS4A1 OR CD20 OR LY-44 OR MS4A2) B-LYMPHOCYTE ANT 0.97 / 47 % CR22: (CR2 OR C3DR) COMPLEMENT RECEPTOR TYPE 2 PRECURSOI 0.83 / 20 % CD22: (CD22) B-CELL RECEPTOR CD22 PRECURSOR (LEU-14) (B-LYN 0.32 / 27 % FCER2: (FCER2 OR IGEBF OR FCER2A) LOW AFFINITY IMMUNOGLOE 0.75 / 13 % CD34: (CD34) HEMATOPOIETIC PROGENITOR CELL ANTIGEN CD34 F 0.73 / 7 % CR1-CR1L: (CR1 OR C3BR OR CRRY) COMPLEMENT RECEPTOR TYP 1.24 / 17 % CD36: (CD36 OR GP4 OR GP3B OR FAT) PLATELET GLYCOPROTEIN 10.71 / 15 % 1.46 / 10 % MME: (MME OR EPN) NEPŘILYSIN (EC 3.4.24.11) (NEUTRAL ENDOPEI 0.90 / 12 % TNFRSF7: (TNFRSF7 OR CD27) TUMOR NECROSIS FACTOR RECEPT 0.46 / 16 % CD28: (CD28) T-CELL-SPECIFIC SURFACE GLYCOPROTEIN CD28 PRI 2 49 / 15 % ITGB1: (ITGB1 OR FNRB) INTEGRIN BETA-1 PRECURSOR (FIBRONEC 1.27 / 16 % PECAM1: (PECAM1 OR PECAM-1 OR PECAM) PLATELET ENDOTHELI, 0.57 / 16 % CDH5: (CDH5) VASCULAR ENDOTHELIAL-CADHERIN PRECURSOR (V 2.71 / 6 % ALCAM: (ALCAM OR MEMD) CD166 ANTIGEN PRECURSOR (ACTIVATI 0.85 / 9 % MCAM: (MCAM OR MUC18) CELL SURFACE GLYCOPROTEIN MUC18 10.95 / 7 % SELE: (SELE OR ELAM1 OR ELAM-1) E-SELECTIN PRECURSOR (END: 0.69 / 8 % CD63: (CD63 OR MLA1) CD63 ANTIGEN (MELANOMA-ASSOCIATED AN 0.64 / 6 % CD2: (CD2) T-CELL SURFACE ANTIGEN CD2 PRECURSOR (T-CELL SI 0.72 / 8 % TNFSF7: (TNFSF7 OR CD70 OR CD27LG OR CD27L) TUMOR NECROS 1.16/- % CD97: (CD97) LEUCOCYTE ANTIGEN CD97 PRECURSOR.  $\begin{array}{c} 1229\\$ 178 178 178 179 179 181 181 181 181 182 182 183 183 183 183 183 1183 1187 1188 1187 1191 1191 1191 1191 1192 1102 11

0.61/34% 1.38/23% 1.72 / 11 % 0.60 / 28 % 10.29 / 11 % 1.19 / 14 % 0.66 / 16 % 0.84 / 10 % 1.51 / 27 % 0.49 / 15 % 1.45 / 15 % 0.96 / 13 % 0.89 / 16 % 0.88/24% 0.75/8% 0.90 / 4 % 0.57 / 6 % 0.74 / 10 % .11/12% 0.94 / 23 % 0.63 / 25 % 1.67 / 41 % 0.20 / 17 % 1.00 / 12 % 0.82/36% 2.29/21% 0.96 / 44 % 0.92/33% 0.72/15% 08/49% 0.87 / 17 % 1.29 / 13 % 0.97 / 10 % 1.39 / 12 % 0.81 / 11 % 0.16/22% 0.88 / 14 % 0.41/21% 0.61 / 10 % 0.76 / 15 % 0.44/33% 0.91 / 29 % 1.85 / 22 % 0.41 / 20 % 0.40/32% 2.43 / 16 % 0.89 / 12 % 9.94 / 8 % 2.38 / 3 % 0.46 / 19 % 1.48 / 13 % 0.89 / 15 % 0.96 / 22 % 51/28% .22 / 14 % 2.93/9% 0.85 / 8 % 0.82 / 7 % % 1 / 60 / 1 % .65 / 6 % 1.28/3% 1.52/9% 0.43 / 8 % 0.75/9% 3.81 / 1 % 0.37 / 1 % 0.37 / 1 % 0.139 / 4 % 0.276 / 42 % 0.276 % 0.276 / 42 % 0.276 / 42 % 0.276 / 42 % 0.276 / 42 % 0.276 / 42 % 0.276 % 0 2.73/28% 2.13/15% 2.95/21% 0.83/3% 0.74/0% 0.26/2% 0.96 / 16 % 0.41 / - % 0.79 / 2 % 1.14 / - % 2.58/4% 1.17/5% 1.05/3% 0.52/33% 1.15/31% 2.02/24% 0.65 / 1 % 0.79 / 1 % 2.26 / 14 % 0.21 / 2 % 0.71 / 2 % 2.33 / - % 1.43 / - % 1.44 / 2 % 1.46 / - % 1.23 / - % 0.78 / - % 0.68 / 3 % 0.88 / 4 % 1.10 / - % 1.13 / - % 0.68 / - % 0.51 / - % 1.59 / - % 0.70 / - % 0.54/3% 1.23 / 5 % 1.10 / 8 % 0.71/0% 1.14/1% 1.69 / - % 3.36 / 5 % 0.99 / 6 % 1.96/2% 1.25 / 1 % 1.02 / - % 0.64 / 6 % 1.02/3% % - / 62 .37/2% 1.30/4% 3.07 / - % 1.36 / - % 0.88 / - % 0.94 / - % 0.53 / - % 1.16 / - % 1.08 / - % 0.96 / 25 % 0.59 / 21 % 1.03 / 7 % 0.21 / 44 % 1.07 / 26 % 0.75 / 23 % 0.90/26% 0.73/11% 0.63/23% 0.38/16% 1.31 / 67 % 0.88 / 12 % 1.76 / 18 % 0.65 / 35 % 0.56 / 18 % 0.71 / 15 % 1.33 / 20 % 0.96 / 24 % 15 % 15 % 13 % 2.64 / 11 % 0.21 / 44 % 1.53 / 29 % 1.61 / 19 % / 23 % / 15 % / 12 % / - % 0.34 / 11 % 1.26 / 24 % 0.85 / 20 % 12 % 1.19/13 % 3.67 / 14 % 1.23 / 13 % 0.76 / 10 % 3.14 / 14 % 0.82 / 17 % 1.02 / 18 % 0.49/9% 0.77/8% 0.87 / 12 % 2.26 / 13 % 0.76/21% 1.00 / 8 % 0.60 / 8 % /3% /2% 1.04 / 5 % 0.80 / 15 % 0.79/9% 1.92 / 6 % 0.80 / 9 % 7.51/8% /6% / 6 % 2.17/6% 0.71/6% 0.34/3% 0.63 / 8 % 1.13/3% % - / 0.11/9% 0.93/9% 1.09 / - % 6.39 / 0.66 / 12 0.84 1.39 / 1.07 2.42 / 1.06 / 0.56 / 1.36 1.36 12 Ń 0.69 / 10 % 0.65 / 20 % . 28 % 31 % 345 HPRT: (HPRT1 OR HPRT) HYPOXANTHINE-GUANINE PHOSPHORIBOY 1.85 / 12 % 345 HPRT: (HPRT1 OR HPRT) HYPOXANTHINE-GUANINE PHOSPHORIBOY 1.85 / 12 % 347 aCTT) a for the control Action and the control Action and the control Action a 354 GDIAT: (ÄRHGDIA OR GDIAT) RHO GDP-DISSOCIATION INHIBITOR 1 (1.13 / 16 % 355 SRRM2: (SRRM2 OR KIAA0324 (SRM300) (SEDCOAC 0.77 / 12 % 355 BLK. (BLK) TYROSINE-PROTEIN KINASE BLK (EC 27 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE (CSK) TYROSINE-PROTEIN KINASE (CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK: (CSK) TYROSINE-PROTEIN KINASE (CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 357 CSK (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 558 (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 558 (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 558 (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 558 (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 558 (EC 2.77 / 112) (BLYMPH 1.33 / 13 % 558 (EC 2.77 / 112) (BLYMPH 1.33 / 13 363 ITK: (ITK OR LYK OR EMT) TYROSINE-PROTEIN KINASE ITK/TSK (EC: 0.90 / 16 % 365 TKC): (PRKCD OR PKCD) PROTEIN KINASE LOL (ICK) PROTEIN KINASE LCK (ICK) PROTEIN KINASE LCK (ICK) PROTEIN KINASE LCK (ICK) TYROSINE-PROTEIN KINASE LCK (ICK) TYROSINE-PROTEIN KINASE LVN (EC 2.7.1.112) 1.32 / 16 % 366 LVN: (LYN) TYROSINE-PROTEIN KINASE LVN (EC 2.7.1.112) APXL: (APXL) APICAL-LIKE PROTEN (APXL PROTEIN). 0.65 / 20 % MPP1: (MPP1 OR EMP55) 55 KD ERYTHROCYTE MEMBRANE PROTEI 0.59 / 19 % 331 MPP2: (MPP2 OR DLG2) MAGUK P55 SUBFAMILY MEMBER 2 (MPP2 P 1.17 / 36 % 332 MPP3: (MPP3 OR DLG3) MAGUK P55 SUBFAMILY MEMBER 3 (MPP3 P 0.74 / 15 % SLC9A3R2 1; (SLC9A3R2 OR NHERF2) NA(+)/H(+) EXCHANGE REGUL 0.87 / 11 % SIPA1; (SPA-1 OR SPA1 OR SIPA1) GTPASE-ACTIVATING PROTEIN SI 0.82 / 14 % 349 ZAKI-4. (ZAKI-4 OR DSCR1L1) ZAKI-4 PROTEIN , CALCIPRESSIN 2 (TH 1.20 / 11 % 350 HSPC4. (HSPC4 OR HSPC1 OR HSP00A OR HSP86 OR HSP86-1) HEA 1.11 / 22 % 351 YWHAE: (YWHAE) 14-3-3 PROTEIN EPSILON (MITOCHONDRIAL IMPO) 0.97 / 13 % 352 MATRIN3: (MATR3) MATRIN3 RNA BINDING PROTEIN KIAA0723 PRO' 1.17 / 11 % 358 FAK1: (FAK1 OR FAK OR PTK2) FOCAL ADHESION KINASE 1 (EC 2.7.10,46/17) % 359 FGR: (FGR OR SRC2) PROTO-ONCOGENE TYROSINE-PROTEIN KINA 0.85/10 % 360 FVN: (FYN) PROTO-ONCOGENE TYROSINE-PROTEIN KINASE FYN (E 0.47 / 18 % 361 GRB2: (GRB2 OR ASH) GROWTH FACTOR RECEPTOR-BOUND PROTI 0.73 / 16 % 367 NSHC: (SHC3) P64 ISOFORM OF N-SHC (P52 ISOFORM OF N-SHC) (SI 0.85 / 15 % 388 MATK: (MATK OR CTK OR HYL) NTK MEGAKARYOCYTE-ASSOCIATEE 0.29 / 7 % 371 PIK3CD: [PIK3CD] PHOSPHATIDYLINOSITOL 3-KINASE CATALYTIC SI 0.97 / 14 % 372 PIK3CG: [PIK3CG] PHOSPHATIDYLINOSITOL 3-KINASE CATALYTIC SI 1.48 / 16 % PTPN12: (PTPN12) PROTEIN-TYROSINE PHOSPHATASE G1 (EC 3.1.3.4.10/20 % PYK2: (PTK2B OR FAK2 OR PYK2) FOCAL ADHESION KINASE 2 (EC 2.0.70/21 % 1.33 / 14 % SRC: (SRC OK SRC1) PROTO-ONCOGENE TYROSINE-PROTEIN KINA 1.10/13% SYK: (SYK) TYROSINE-PROTEIN KINASE SYK (EC 2.7.1.112) (SPLEEN 1.87/12% C-LIKE 2 (EC 2.7.1.-) (PR( 3.23 / 17 % 1.04 / 14 % UVRAG: (UVRAG OR UVRAGL) UV RADIATION RESISTANCE ASSOCI/ 1.20 / 26 % 1: (WWP2) NEDD-4-LIKE E3 UBIQUITIN-PROTEIN LIGASE WWF 1.03 / 17 % 1.43/46% TJP1: (TJP1 OR ZO1) TIGHT JUNCTION PROTEIN ZO-1 (ZONULA OCC 0.87 / 17 % 339 MAGI1: (BAIAP1 OR WWP3 OR BAP1 OR MAGI1 OR TNRC19 OR GUKN 0.84 / 19 % CBP: (PSCDBP OR CBP) CYTOHESIN BINDING PROTEIN HE (PLECKS 2.24 / 22 % PDLIM7: (PDLIM7 OR ENIGMA) PDZ AND LIM DOMAIN PROTEIN 7 (LIN 1.15 / 10 % CIPP: (INADL OR CIPP) CIPP PDZ DOMAIN PROTEIN (INADL, C-TERM 1.62 / 44 % PRSS11: (PRSS11 OR HTRA1 OR HTRA) SERINE PROTEASE HTRA1 F 0.93 / 13 % 344 PTP: (PTPN13 OR PTP1E OR PTPL1 OR PNP1) PROTEIN TYROSINE P 0.78 / 16 % PREPL: (PREPL OR KIAA0436 OR D030028016RIK) PROLYL ENDOPEI 1.56 / 10 % HCK: (HCK) TYROSINE-PROTEIN KINASE HCK (EC 2.7.1.112) (P59-HCI 0.59 / 19 % 370 PIK3CB: (PIK3CB) PHOSPHATIDYLINOSITOL 3-KINASE CATALYTIC SL 2.21 / 14 % 373 PIK3R1: (PIK3R1 OR GRB1) PHOSPHATIDYLINOSITOL 3-KINASE REGI 1.19 / 18 % 374 PIK3R3: (PIK3R3) PHOSPHATIDYLINOSITOL 3-KINASE REGULATORY 0.66 / 18 % 375 PTPN22: (PTPN22 OR PTPN8) TYROSINE-PROTEIN PHOSPHATASE, N 1.06 / 11 % 378 PTPN6: (PTPN6 OR PTP1C OR HCP) SHP-1 PROTEIN-TYROSINE PHO 0.90 / 26 % LCP2: (LCP2) LYMPHOCYTE CYTOSOLIC PROTEIN 2 (SH2 DOMAIN-C-1.13 / 14 % 0.90 / 22 % CXCR4: (CXCR4 OR LESTR OR CMKAR4 OR SDF1R) C-X-C CHEMOKII 0.44 / 14 % CCR1: (CCR1 OR CMKBR1 OR CMKR1) C-C CHEMOKINE RECEPTOR 0.71 / 20 % YES: (YES1 OR YES) PROTO-ONCOGENE TYROSINE-PROTEIN KINAS 0.98 / 15 % ZAP70: (ZAP70 OR SRK) TYROSINE-PROTEIN KINASE ZAP-70 (EC 2.7. 0.88 / 14 % 369 PIK3CA: (PIK3CA) P110A PHOSPHATIDYLINOSITOL 3-KINASE CATAL \ 5.05 / 8 % 28/7% TIAM: (TIAM) T-LYMPHOMA INVASION AND METASTASIS INDUCING F 0.84 / 31 (SDCBP OR SYCL OR MDA9) SYNTENIN 1 (SYNDECAN BINDI 2.05 / SOS1: (SOS1) SON OF SEVENLESS PROTEIN HOMOLOG 1 (SOS-1). MLLT4: (MLLT4 OR AF6) AFADIN (AF-6 PROTEIN). (PRKCL2 OR PRK2) PROTEIN KINASE RPH3A: (RPH3A) RABPHILIN-3A (FRAGMENT VAV: (VAV) VAV PROTO-ONCOGENE VAV2: (VAV2) VAV2 PROTEIN RIL: (RIL) LIM PROTEIN RIL SDCBP: PRK2: WWP2 342 -362 | 324 325 326 328 329 333 334 335 336 337 338 340 341 353 376 377 379 380 381 382 383 384 385 386 387 388 327 5.95/28% 1.15/27% 0.87/32% 0.89 / 12 % 1.16 / 11 % 0.72 / 29 % 1.19 / 15 % 2.04 / 34 % 1.14 / 7 % 2.03 / 13 % 2.26 / 19 % 1.08 / 29 % 0.78 / 8 % 0.71/26% 6.70/8% 1.80 / 5 % 1.21 / 14 % 1.46 / 11 % 0.82 / 21 % 0.98 / 18 % 0.86 / 11 % 0.66 / 10 % 0.40 / 22 % 0.83 / 18 % 0.96 / 13 % 0.87 / 29 % 5.49 / 27 % 0.94 / 15 % 0.74 / 22 % 0.75 / - % 0.91 / 8 % 0.90 / 2 % 1.94 / 7 % 0.94 / 3 % 1.08 / 15 % 1.01 / 23 % 0.95 / 16 % 0.92 / 13 % 0.85 / 28 % 0.73 / 16 % 1.21/31% 0.97 / 13 % 1.01 / 20 % 0.64 / 18 % 0.26 / 43 % 0.69 / 27 % 0.75/17% 0.67 / 13 % 1.22/34% 2.11 / 16 % 1.06 / 16 % 0.62 / 48 % 0.80 / 17 % 0.91 / 24 % 1.09 / 19 % 0.34 / 8 % 2.10 / 8 % 1.18/9% 1.12/8% 0.80 / 5 % 0.61/9% 0.80 / 8 % 1.77/8% 1.89 / 6 % 0.81 / 8 % 1.08/24% 2.05 / 14 % 0.76 / - % 1.13 / - % 0.62/26% 0.86/21% 1.86/-% 3.82/-% 1.06 / - % 0.96 / 25 % 0 0.80 / 10 % 2.39 / - % 1.06 / 14 % 1.21 / 19 % 4.30 / 57 % 1.05 / 62 % 0.91 / 13 % 1.42 / 12 % 0.91 / 3 % 0.84 / 5 % 0.68 / 19 % 0.88 / 58 % .07 / 10 % 1.16/37% 1.40 / 50 % 0.64 / 28 % .00 / 14 % 1.38/3% 0.21 / 5 % 0.75 / 5 % 2.79/5% 1.17/4% 0.87 / 4 % 1.38/4% .33 / 5 % 0.55 / - % 0.94 / - % 0.47/3% 1.00 / - % 0.66 / - % 1.05 / 6 % 0.95/2% 0.91/6% 0.84 / 6 % 0.93 / 1 % .08/3% 1.38/2% 0.74 / - % 0.30 / - % .23 / - % .03 / - % 0.91 / - % 0.41 / - % .68 / - % 0.51 / - % 0.76 / - % 0.84 / - % 1.29 / 16 % 1.87 / 42 % 0.32 / 7 % 0.83/21% 0.85/19% 1.05/32% 1.40/32% 0.92/6% 0.82 / 5 % 0.80 / 34 % 0.89 / 19 % 0.87 / 46 % 0.91 / 16 % 0.70 / 23 % 0.83 / 22 % 1.30 / 88 % 3.04 / 57 % 1.38 / 25 % 0.64 / 10 % 1.38 / 66 % 1.68 / 18 % 1.72 / 36 % 1.15 / 26 % 1.29 / 8 % 6.35/26% 2.29/3% 0.98 / 34 % 0.85 / 9 % 0.77 / 13 % 1.15 / 57 % 1.00 / 10 % 1.07 / 0 % 2.98 / 41 % 0.82 / 9 % 0.93 / 10 % 0.86 / 16 % 0.88/22% 0.51/18% 42 % 0.65 / 20 % 1.13/20% 1.48/21% 0.92 / 3 % 0.82 / 7 % 0.97 / 6 % 0.39 / 19 % 2.30 / 42 % 0.97 / 6 % 0.89 / 12 % 1.13/23% 0.70/13% 0.91/7% 1.28 / 7 % 7.12/2% 0.67/3% 0.86/9% 2.37 / 8 % 0.95 / 9 % 0.90 / 6 % 0.86 / 9 % 1.03 / 8 % 0.77 / 5 % 0.65 / 7 % 0.81 / 8 % 1.09 / - % SEI KIGA, (MREA) ANI DER KHAJ, KINESN-LIKE FROTEIN KIFT4, 082/237, 089
SEI KADOGZ, CIR, (KIAAODGZ OR KIFT4) KINESN-LIKE FROTEIN KIFT4, 082/237, 088
SERXWI, FREXWI TOR FREAVE OR KIFT4) KINESN-LIKE MOTOR PROTEI 069/1778, 2239
SERXWI, FREXWI TOR FREAVE OR KIFT4) KINESN-LIKE MOTOR PROTEI 069/1778, 2239
SERXWI, FREXWI TOR FREAVE OR KIFT4) KINESN-LIKE MOTOR PROTEI 069/1778, 2239
SERXWI, FREXWI TOR FREAVE OR KIFT4) KINESN-LIKE MOTOR PROTEI 069/1778, 0567
SERXWI, FREXWI OR MNEJ FORMELAD BOX PROTEIN (1/MYOCYTERUU 046/178, 0131
SERXMI, FLEXWI TOR FREAVE OR KIFT4) KINESN-LIKE MOTOR PROTEID 031/178, 0132
SERXMI, FREYL SFREAVE OR MSPE3) MILLINGER BREAKAGE S'WUNGKEFT 181/01014
STREPL, SFREYD GR FREAV OR MSPE3) MILLINGER BREAKAGE S'WUNGKEFT 181/01014
STREPL, SFREYD GR FREAV OR MSPE3) MILLINGER BREAKAGE S'WUNGKEFT 183/014
STREPL, SFREYD GR FREAV OR SMRP3) SECRETED FRAIZIED 198/148, 0132
ZTS FREPL, SFREYD GR FREAV OR SMRP3) SECRETED FRAIZIED 198/148, 0132
ZTS STREPL, SFREYD GR SRLJJ, SFPEAKAGE S'WUNGKEFT 183/014
ZTS BINPS, JENNEZ OR BINP-20 OR GIGI OR CONI) UNRELED FRAIZIED 108/148, 0132
ZTS BINPS, JENNEZ OR BINP-20 OR GIGI OR CONI) UNRELED FRAIZIED 108/148, 0132
ZTS BINPS, JENNEZ OR CADA) GLYCOPROTEIN A SUPPRESSOR OF TUMORI 107/158, 0132
STREFL, (CTEF OR HERPA OR SARP2) SECRETED FRAIZIED 109/158, 0132
STREFL, (CTEF OR HERPA OR SARP2) SECRETED FRAIZIED 109/148, 0132
STREFL, (CTEF OR HERPA OR SARP2) SECRETED FRAIZIED 109/158, 0132
STREFL, (CTEF OR HERPA OR SARP2) SECRETED FRAIZING PORTIN 0073/178, 0081
STREFL, (CTEF OR HERPA OR SARP3) SECRETED FRAIZING PORTIN 0073/178, 0081
STREFL, (CTEF OR HERPA OR SARP1) SECRETED FRAIZING PORTIN 0073/178, 0081
STREFL, (CTEF OR HERPA OR SARP1) SECRETED FRAIZING PORTIN 0073/178, 0081
STREFL, (CTEF OR HERPA OR SARP1) SECRETED FRAIZING PORTIN 0073/178, 0081
STREFL, (C % 311 ITCH: (TCH) ITCHY HOMOLOG E3 UBIQUITIN PROTEIN LIGASE (EC 8 3.40 / 29 % 312 SYT11; (SYT11 OR KIAA0030) SYNAPTOTAGNIM-11 (SYNAPTOT263MIII) 29 / 12 % 313 ECW1; (HECW1 OR KIAA0322 OR NEDL1) NEDD4-LIKE UBIQUITIN LI 10 7 3 % 314 NEDD4LA (NEDD4LA OR NEDD4L) NEDD4LA (UBIQUITIN 23 31 / 14 % (PRKCE OR PKCE) PROTEIN KINASE C, EPSILON TYPE (EC 21.77/15% (EC 6.5.1.1) (POLYDEOXYRIBONUCLEOTI 2.50 / 14 % 1.18/20% .27 / 23 % NEDD4: (NEDD4 OR KIAA0093) UBIQUITIN-PROTEIN LIGASE NEDD-4 (0.87 / 25 % 3.04 / 25 % 0.26 / 11 % PLCL1: (PLC-L OR PLCL1 OR PLC-L OR PLC-EPSILON) PHOSPHOLIP/ 0.96 / 17 % PRF1: (PRF1 OR PFP) PERFORIN 1 PRECURSOR (P1) (LYMPHOCYTE 0.98 / 7 % 1.44 / 6 % PRKCH: (PRKCH OR PKCL) PROTEIN KINASE C, ETA TYPE (EC 2.7.1 - 0.56 / 8 % ECT2: (ECT2) ECT2 PROTEIN (ECT2 ONCOGENE). (DKFZP434C0523) (0.60 / 22 SYT17: (SYT17) SYNAPTOTAGMIN XVII (254P9.1) (B/K PROTEIN). PIK3C2A: (CPK-M OR PIK3C2A) PHOSPHOINOSITIDE 3-KINASE. CAPN5: (CAPN5) CALPAIN-5 (EC 3.4.22.17) (NCL-3) (HTRA-3). CPNE3: (CPNE3 OR CPN3 OR KIAA0636) COPINE III. PRKCE: (PRKCE OR PKCE) PROTEIN KINASE C, EPS KI67: (MKI67) ANTIGEN KI-67 LIG4: (LIG4) DNA LIGASE IV 315 ( 316 | 317 | 318 ( 319 323 259 260 261
2001 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	15 % 13 % 13 %	/ % 17 % 9 %	22 % 16 % 7 %	22 % 27 %	18 % 13 % 13 %	11 % 19 %	18 % 9 % 9 %	13 % 10 % 22 %	14 % 8 % 7 %	15 % 19 %	28 % 4 % 22 %	13 % 8 % 16 %	10 % 8 %	17 % 9 % 6 %	3 % 8 % 8 ' %	12 % 80 %	23 % 4 % 11 %	4
0.88/ 0.77/ 0.93/ 0.92/ % 1.20/ % 0.98/ % 0.98/ 0.71/	0.97/	0.00 1.55/ 0.85/ 1.44/	% 0.84/ 0.91/ 0.93/	0.80 / 1.05 / 0.88 / 0.41 /	0.63 / 0.85 / % 0.91 / 1.03 /	1.07 / % 0.87 / % 0.87 /	0.86/ 0.74/ % 0.98/	0.88/ 0.76/ 1.26/	0.84 / 0.84 / 1.08 /	% 0.89 / 0.83 /	3.88/ 0.90/ % 0.79/	1.00/	1.00.1	0.77 / 1.34 / 1.05 /	0.87/ 1.16/ % 3.36/	0.72/	0.71/ % 1.36/ % 0.91/	1.07 / 0.89 / 0.85 / 1.99 /
0.92 / 0 % 0.93 / 12 9 1.84 / - % 0.87 / 0 % 0.87 / 24 9 0.64 / 24 9 0.64 / 24 9	1.46/-% 1.41/2% 2.31/20% 1.06/13%	0.82/2% 2.11/3% 0.73/-% 1.24/-%	0.09/36.9	0.747-% 1.3573% 1.107-% 1.8776%	0.79 / - % 0.83 / 22 % 1.03 / - %	0.99 / 18 %	0.80 / - % 1.05 / 27 %	0.33 / 4 %	1.05/6% 2.71/-%	0.73/2%	0.24/4% 2.07/779	0.96 / 55 %	1.80 / - % 0.97 / 3 %	0.75/-% 2.54/-%	0.75/1% 0.95/-% 1.02/62%	0.73/6%	0.14/16 0.14/16 1.18/30	0.97 / 9 % 1.51 / - % 0.60 / 3 %
0.98 / 11 % 0.94 / 14 % 2.03 / 65 % 0.82 / 26 % 1.09 / 14 % 1.07 / 7 % 0.94 / 2 % 1.06 / 18 %	0.88 / 12 % 1.25 / 19 % 7.72 / 17 % 0.98 / 16 %	0.97/8% 0.97/8%	1.11/2/% 0.91/18% 1.00/23% 0.83/16%	0.69 / 21 % 0.82 / 93 % 0.69 / 21 %	0.81 / 62 % 0.87 / 13 % 0.83 / 12 % 0.80 / 16 %	0.98 / - % 1.00 / 6 %	1.01 / 44 % 0.82 / 13 % 0.93 / 17 %	0.92 / 17 % 0.95 / 16 % 1.00 / 9 %	0.90 / 8 % 0.91 / 25 % 1.30 / 8 %	0.92 / 16 % 0.95 / 5 %	18.50 / 92 % 0.90 / 11 % 0.81 / 10 %	1.01 / 32 % 1.15 / 42 %	1.62 / 12 % 0.85 / 17 %	0.87 / 13 % 0.96 / 19 % 0.90 / 27 %	0.84 / 14 % 0.97 / - % 3.39 / 18 %	0.85 / 16 % 0.67 / 16 %	0.74714% 0.19710% 0.95717%	1.01 / 1 % 0.88 / 10 % 0.89 / 11 % 0.91 / 9 %
<ul> <li>454 LAMAT: (LAMAT OR LAMA) LAMININ ALPHA-1 CHAIN PRECURSOR (LP 1.00 / 21 % 455 LAMA2: (LAMA2 OR LAMIN) LAMININ ALPHA-2 CHAIN PRECURSOR (L0 089 / 17 % 455 LAMA2: (LAMA2) LAMININ ALPHA-3 CHAIN PRECURSOR (L0 089 / 17 % 457 LAMA4; (LAMA4) LAMININ ALPHA-4 CHAIN PRECURSOR.</li> <li>457 LAMA4; (LAMA4) LAMININ ALPHA-4 CHAIN PRECURSOR.</li> <li>686 / 23 % 458 LAMA4; (LAMA4) LAMININ ALPHA-4 CHAIN PRECURSOR.</li> <li>686 / 23 % 459 LAMB1; (LAM44) LAMININ ALPHA-4 CHAIN PRECURSOR.</li> <li>686 / 23 % 459 LAMB1; (LAMB1) LAMININ BETA-1 CHAIN PRECURSOR (LAMININ B1C 0.96 / 16 % 460 LAMB3; (LAM051) CAMB1) LAMININ BETA-3 CHAIN PRECURSOR (LAMININ B1C 0.79 % 461 LAMG3; (LAMO51) LAMININ GAMMA 3 CHAIN PRECURSOR.</li> </ul>	463 SPRECL1: (SPACL1 OR ECM2 OR SC1) SPARC-LIKE PROTEIN 1 PRE 1.02 / 7 % 464 HAPLN1: (HAPLN1 OR CRTL1) HYALURONAN AND PROTEOGLYCAN 11.17 / 12 % 465 MATN2: (MATN2) MATRILIN-2 MATRILIN-2 PRECURSOR. (UNQ193/PRC 0.47 / 15 % 466 MATN2: (MATN2) MATRILIN-3 PRECURSOR. 0.97 / 9 % 467 SDDCM4. SDDCM4 OB SDDCM OB TRA AD STRANT RESTROM 4 DDC 0.27 / 30	460 SPOCKT: (SPOCKT) OK SPOCK OK TICT OKT ILGNT) TES TICANFT PREUZ/ST 17 % 468 AMP: (MFAPT) MICROFISHELRA-ASSOCIATED PROTEIN 469 COLMAE: (COLLAGEN ALPHA SI(V) CHAIN PRECURSOR. 166 / 16 % 470 AGCT: (AGCT OR CSPGT OR AGC) AGGRECAN CORE PROTEIN PRECT 61 / 31 %	4/1 AGRIN: (AGRN) AGRIN PRECURSOR. 4/2 BAMACAN: (BAM OR SMCD OR HCAP OR CSPG6 OR SMC3 OR SMC3 0.81 / 19 % 4/73 BIG/YCAN: (BAM OR SMCD OR HCAP OR CSPG6 OR SMC3 OR SMC3 0.81 / 19 % 4/74 BIMP1_1: (BMP1 OR PCP3) BONE MORPHOGENETIC PROTENT PRE 0.83 / 14 %	4/3 BMP3, (BMP3) BONE MORFHOLGENETIC FROUCHIN 3 FREUNSOF (13 % 47 MERLIN1; GPGF-1 OR GSCN0. GDB BONE-DERIVED FROUTIN 18 % 477 MERLIN1; GRITILIN1; GRITILIN1; GRITILIN1; GRITILIN1; GRITILIN2; GRITILIN3; GRITILIN3; GRITILIN3; GRITILIN4; GRITILIN	479 FBN1: (FEN2) FIBNI.LIN 1 PRECURSOR (FIBRILLIN1) 0 88 / 12 % 0.88 / 12 % 481 FIBNODULIN-2 PRECURSOR (FIBRILLIN2) 0.97 / 14 % 481 FIBNOMODULIN (FINDD OR FM) FIBNOMODULIN PRECURSOR (FN) (0.93 / 12 % 482 FN1: (FN1 OR FN) FIBNONECTIN PRECURSOR (FN) (COLD-INSOLUBL 1.16 / 9 %	483 FBLN1_1: (FBLN1) FIBULIN-1 PRECURSOK (ISOF OKM D). 1.11/22 % 484 FBLN2: (FBLN2) FIBULIN-2 PRECURSOR. 0.96 / 9 % 467 FDD0.100 FDD0.100 FDD1.100 FD0.100 / 500 IV. 0.77 / 500	485 IBSP: (IBSP: OK BNSP) BONE SIALOFROLEIN I PRECONSOK (BSP II):0.751 4% 486 IBSPG2: (HSPG2) BASEMENT MEMBRANE-SPECIFIC HEPARAN SULF.0.637 9 % 487 LIBP: (LTBPI) LATENT TRANFORMING GROWTH FACTOR BETA B 1.65 / 7 %	488 LTBP2_11 (LTBP2) LATENT TRANSFORMING GROWTH FACTOR-BETA 0.31, 18 % 488 LTBP2, LTBP-31 LATENT TG5 BETA BINDING PROTEIN 3 (FRAGMENT 0.96 / 16 % 490 LTBP34 LATENT TRANSFORMING GROWTH FACTOR-BETA BINDING 11 0.90 / 22 %	491 LUMICAN: (LDC) LUMICAN PRECURSOR (LUM) (KERATAN SULFATE F 1.10 / 9 % 492 LYSYLOXIDASE: (LOD) PROTEILL-YSINE 6-0XIDASE PRECURSOR (E 0.08 / 8 % 493 MAGP1: (MEAPC OR MAGP1) MICROFIBRIL-ASSOCIATED GI / COPRO 6 00 / 17 %	494 MAGP2: (MFAP5 OR MAGP2) MICROFIBRIL-ASSOCIATED GLYCOPRO 0.77 / 30 % 495 MATRIXGLA: (MGP) MATRIX GLA-PROTEIN PRECURSOR (MGP) 1.01/13 %	496 MFAP3; (MFAP3) MICKOFIBKILASSOCIATED GLYCOPKOTEN 3 PREF0.13/20 % 497 MMP10; (MMP10 OR STMY2) STROMELYSIN2.PRECURSOR (EC 3.4.2.1.07 / 18 % 498 MMP10; (MMP11 OR STMY2) STROMELYSIN3: PRECURSOR (EC 3.4.2.1.08 / 9 %	499 MMP12: (MMP12 OR HME) MACROPHAGE METALLOELASTASE PREC 0.81 / 18 % 600 MMP13; (MMP13) COLGENASE 3 PRECURSOR (EC 3 424-) (MMP18) 0.96 / 15 % 600 MMP13. (MMP13) COLAGENASE 3 PRECURSOR (EC 3 424-) (MMP18) 0.97 / 15 % 600 MMP13 (MMP13) 0.00 M	502 MMPT 15, (MMPT6) MATRX METALLOPROTEINASE-116 RECURSOR (E 11.37/11.98 502 MMP16_1; (MMP16 OR MMPX2) MATRX METALLOPROTEINASE-16 PF0.87 / 16 %	504 MMP2: (MMP2 OR CLG4A) 72 KDA TYPE IV COLLAGENASE PRECURS 0 81 / 17 % 506 MMP3: (MMP3 OR STMY1) STROMELYSIN-1 PRECURSOR (EC 34 24 - 1.24 / 20 % 506 MMP3; (MMP7 OR PPSL1 OR PUMP1) MATRILYSIN PRECURSOR (EC 313 / 7 %	607 MMP8: (MMP8 OR CLG1) NEUTROPHIL COLLAGENASE PRECURSOR 0.70/23 % 609 LIMP9 OR CLEAd9 J2 KDA TYPE IV COLLAGENASE PRECURS 1.21 / 23 % 609 LIAMP(LICAMO RC AML1 OR MIC5) NEURAL CELL ADHESION MOLI 1.66 / 40 %	510 NIDOGEN: (NID) NIDOGEN PRECURSOR (ENTACTIN). 0.68 / 21 % 0.513 PPT; (SPP1 0R OPU) 0.05TEDOVINI PRECURSOR (BONE SIALOPPR) 027 / 16 % 020 000 000 000 000 000 000 000 000 0	512 OSF: (OSTET OV SHADDS OV SHAPZ) OSTECCENTS I DIMUZH INGZ ANT USF 8% 513 BGL4PP: ((BGL4PT) AND BGL4P2) AND (BGL4P-RS1)) OSTECCALCIN P123 / 13 % 514 ADAMTS2_T: (ADAMTS2 OR PCINP OR PCPN) ADAM-TS 2 PRECURS( 033 / 25 %	515 PRELP: (PRELP) PROLARGIN PRECURSOR (PROLINE-ARGININE-RICI0 94/12 % 515 DRDM
0.64/4% 0.71/7% 0.77/8% 0.69/14% 0.82/9% 1.40/9% 5.2.05/4% 0.79/19%	0.85/10% 1.29/8% 0.77/6% 2.28/11%	5.44 / 25 % 0.65 / 17 % 0.27 / 13 % 1.11 / 15 %	0.96/6% 0.85/19% 0.95/20% 1.44/17%	0.63/27% 0.63/27% 0.91/-% 0.85/17%	0.78/22% 1.35/4% 0.79/-% 0.51/28%	1.69 / 20 % 0.85 / 14 %	0.90/7% 0.90/7% 0.97/1%	1.08 / 15 % 1.15 / 12 % 1.10 / 6 %	0.85/20% 0.71/26% 0.40/22%	0.83 / 5 % 0.93 / 12 %	。 0.84 / 14 % 0.84 / 13 % 0.88 / 7 %	6 1.32 / 14 % 6 0.90 / 4 %	0.75/-% 0.75/-% 1.64/39%	0.83/26% 1.12/17% 0.81/3%	0.53/20% 0.96/9% 0.85/8%	0.73/11%	0.89/8% 0.59/16% 1.52/25%	1.10/19% 0.77/23% 0.12/35% 0.91/2%
2.13/4% 0.68/-% 0.62/25% 0.81/-% 1.06/5% 0.76/8% 0.28/13% 0.98/4%	1.13/-%	1.10/-%	0.45/-% 1.35/1% 0.96/0%	1.18/9% 1.18/9% 1.09/-%	0.767-% 1.24710%	0.89/0%	0.87 / 1 % 0.82 / 3 % 0.85 / - %	1.25 / - % 0.22 / - %	1.01 / 10 % 0.36 / - %	1.00 / - %	1.13/22% 0.73/7% 0.81/-%	2.11/78% 1.38/14%	1.00 / - %	1.00 / - % 0.91 / 5 % 0.79 / 21 %	0.74/3% 1.33/-%	0.81 / 14 %	0.61 / - % 1.10 / - %	0.97 / - % 0.86 / 3 % 1.24 / - %
0.94 / 9 % 0.81 / 17 % 0.74 / 17 % 0.79 / 16 % 0.94 / 8 % 0.48 / 9 % 0.72 / 9 % 0.72 / 9 %	0.90 / 14 % 0.83 / 53 % 1.24 / 35 % 2.00 / 17 %	0.79/16 % 0.79/16 % 0.79/16 %	1.22 / 11 % 0.88 / 13 % 1.24 / 16 % 1.28 / 6 %	1.007 10 % 0.4879% 0.8878% 0.98710%	0.85 / 10 % 1.40 / 14 % 0.98 / 21 % 0.69 / 8 %	0.87 / 59 % 0.90 / 13 %	0.99 / 7 % 0.99 / 7 % 0.87 / 18 %	0.93 / 1 % 0.38 / 20 % 0.73 / 28 %	1.07 / 10 % 0.92 / 16 % 0.55 / 12 %	0.80 / 20 % 0.95 / 4 %	0.95 / 15 % 0.98 / 6 % 1.00 / 7 %	1.30 / 56 % 1.19 / 11 %	0.84 / 54 % 0.59 / 73 %	0.91 / - % 1.02 / 12 % 0.84 / 18 %	0.61 / 16 % 0.86 / 15 % 0.72 / 14 %	0.85 / 7 % 2.85 / 9 %	0.30/8% 1.24/78%	1.35/30% 0.86/13% 0.13/8% 1.03/19%
9 CCR6: (CCR6 OR CMKBR6 OR STRL22 OR GPR29 OR CKRL3) C-C CH 1.80 / 21 % 0 CCR8: (CCR8 OR CMKBR8 OR CKRL1 OR TER1) C-C CHEMOKINE REI0.74 / 18 % 1 CALB1: (CALB1 OR CAB27) CALBINDIN (UTFANIN D-DEPENDENT CALIO.72 / 5 % 2 ADCYAPTR1: (ADCYAPTR1) PITUITAY ADENVLATE CYCLASE ACTIV 0.98 / 16 % 3 VIPRY: (VIPR1) VASOACTIVE INTESTINAL POLYPEPTIDE RECEPTOR 0.77 / 7 % 4 AC15: (RFC1 OR RFC140 OR RECC1) (ACTIVATOR 1 140 KD SUBUNIT 1.87 / 13 % 5 PARP1: (PARP1 OR ADPRT OR PPOL) POLY (ADTVATOR 1 140 KD SUBUNIT 1.87 / 13 % 5 PARP1: (PARP1 OR ADPRT OR PPOL) POLY (ADTVATOR 1 140 KD SUBUNIT 1.87 / 13 % 5 DT1: (DNTT OR TD1) DAN AUCLEOTIDYLEXOTRANSFERASE (CC 27.1.00 / 10 % 7 BM39: (GDF10 OK BMP38) BONE MORPHOGENETIC RECIENTIN 2017 / 16 %	98 GEFF. (GDF5 OR CDMP1) GROWTH/DIFFERENTIATION FACTOR 5 PR 1.01 / 10 % 98 GEFF. (GDF5 OR CDMP1) GROWTH/DIFFERENTIATION FACTOR 5 PR 1.01 / 10 % 99 INHBA: (INHBA) INHIBIN BETA A CHAIN PRECURSOR (ACTIVIN BETA. 1.33 / 7 % 00 TGFB2: (TGFB2) TRANSFORMING GROWTH FACTOR BETA 2 PRECUI 0.93 / 6 % 01 LEFTY1_LEFTY2 MOUSE: (EBAA OR TGFFA0 OR LEFT A0 LEFT / 11 4.82 / 10 % ON LEFTY1_LEFTY2 MOUSE: (EBAA CHAINTH FACTOR BETA 2 PRECUI 0.93 / 6 % 00 LEFTY1_LEFTY2 MOUSE: (EBAA OR TGFFA0 OR LEFT A0 LEFT / 11 4.82 / 10 %	02 VEGC: (VEGFC) VASOLUAR ENDOTHELIAL ENOVITHE ALONC VER 2.08 / 19 % 03 STIMN1 (STIMN1 OR LAPI8 OR OPI0) STATHMIN (PHOSPHOPROTEIN 0.93 / 16 % 04 PL264: (PL2630A OR PLA264 OR CPLA2) CYTOSOLIC PHOSPHOLIF 1.51 / 5 % 05 PLCB3: (PLCB3) 1-PHOSPHATIDYLINOSITOL 4,5-BISPHOSPHATE PHC1 (13 / 15 %	06 PLCG1. (PLCG1 0K PLC1) 1-PHOSPHATIDY.INOSTIOL.4,5-BISPHOSP.0.37.128 % 07 PLCD1. (PLCD1) 1-PHOSPHATIDY.INOSTIOL.4,5-BISPHOSPHATE PH(0.981/9 % 08 SOS2: (SOS2) SON OF SELVELESS PROTEIN HOMOLOG 2 (SOS2) 1.01/128 09 GAPD: (GAPD) GLYCERALDEHYDE 3-PHOSPHATE DEHYDROGENASI 1.01/14 %	10 COL1A1 (COL1A1) COLLAGEN ALTHA 1(1) CHAIN FRECURSOR. 0.587.25 % 111 COL1A1: (COL1A1) COLLAGEN ALPHA 1(1) CHAIN PRECURSOR. 2.027.31 % 121 COL1A1: (COL1A1) COLLAGEN ALPHA 1(X) CHAIN PRECURSOR. 1.04 / 72 % 13 COL12A1: (COL12A1) COLLAGEN ALPHA 1(XI) CHAIN PRECURSOR. 1.22 / 10 %	14 COL13A1: (COL13A) OR COL4A2) ALPHA-1 TYPE XIII COLLAGEN. 0.68 / 19 % 15 COL15A1: (COL15A1) OLLAGEA ALPHA 1(XV) CHAIN PRECURSOR. 1.36 / 12 % 16 COL15A1: (COL15A1) OCLLAGEA ALPHA 1(XV) OHAIN PRECURSOR. 1.10 / 6 % 17 COL17A1: (COL17A1 OR BP180 OR BPAG2) COLLAGEN ALPHA-1(XVII] 1.08 / 22 %	18 COL1841 2: (COL1841) COLLAGEN ALPHA 1(XVIII) CHAN (CON1AINS 1) 04 /1 / % 19 COL241: (COL241) COLLAGEN ALPHA 1(II) CHAN (PRON (CON 0.78 / 21 % 05 COL241: (COL241) COLLAGEN ALPHA 1(II) CHAN PRECURSOR (CON 0.78 / 21 %	20 COLSATI (COLSAT) COLLAGEN ALPHA 1(11) CHAIN PRECURSOR. 0.90/ 24 % 21 COLAAT: (COLAA1) COLLAGEN ALPHA 1(1) CHAIN PRECURSOR (ARI 0.73 / 14 % 22 COLSATI (COLAA1) PRO-ALPHA-1 TYPE V COLLAGEN 0.97 / 22 %	23 COL6A1: (COL6A1) COLLAGEN (VI) ALPHA-1 CHAIN (FRAGMENT) COL 0.397 / 18 24 COL7A1: (COL7A1) COLLAGEN ALPHA 1(VII) CHAIN PRECURSOR (10.0 577 / 14 % 25 COL8A1: (COL8A1) COLLAGEN ALPHA 1(VIII) CHAIN PRECURSOR (ED 0.91 / 27 %	26 COL941_1: (COL941) COLLAGEN ALPHA 1(IX) CHAIN PRECURSOR. 1.10/27 % 27 COL142: (COL142) COL142EN ALPHA 2(I) CHAIN PRECURSOR. 0.96/17 % 28 COL1142: (COL1432) COLLAGEN ALPHA 2(X) CHAIN PRECURSOR. 0.26/22 %	29 COL442: (COL442) COLLAGEN ALPHA 2(V) CHAIN PRECURSOR. 0.7717 % 30 COL542: (COL542) COLLAGEN ALPHA 2(V) CHAIN PRECURSOR. 1.001/21%	331 COL6AZ -1: (COL6AZ) COLLAGEN ALPHA Z(N) CHAIN PRECURSOK. C 0.96 / 15 % 32 COL8AZ. (COL6AZ) COLLAGEN ALPHA Z(VII) CHAIN (ENDOTHELIAL C 0.32 / 10 % 33 COL9AZ. (COL9AZ) COLLAGEN TYPE IX ALPHA Z CHAIN (ALPHA-Z IX (0.66 / 26 %	34 COL443: (COL443) COLLAGEN ALPHA 3(IV) CHAIN PRECURSOR 1.38 / 41 % 35 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) CHAIN PRECURSOR 1.11 / 14 % 36 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) CHAIN PRECURSOR 1.11 / 14 % 37 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) CHAIN PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) COL41 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) COL41 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) COL41 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) COL41 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) COL41 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) COL41 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COLLAGEN ALPHA 3(IV) COL41 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COL443 (IV) COL444 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COL444 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COL444 PRECURSOR 1.11 / 14 % 38 COL643: (COL64A3) COL444 PRECURSOR 1.11 / 14 % 38 COL643: (COL643) COL444 PRECURSOR 1.11 / 14 % 38 COL643: (COL644) PRECURSOR 1.11 / 14 % 2.11 / 14 % 2.11 / 14 % 2.11 / 14 % 2.11 / 14 % 2.11 / 14 % 2.11 / 14 % 2.11 / 14 % 2.11	00 COLCARD, ACCUEND, ACTIVEND INTER AN COLCARD, AND AND AN COLCARD, AND	39 ITGAS: (ITGAS) INTEGRIN ALPHA-9 PRECURSOR (INTEGRIN ALPHA-F 15/ 16 % 40 ITCBS: (ITCBS) INTEGRIN BETA-5 PRECURSOR (INTEGRINBS). 1.03/ 18 % 41 ITCBS: (ITGBS) INTEGRIN BETA-5 PRECURSOR (INTEGRINBS). 0.90/ 16 %	442 TIGB7: (TIGB7) INTEGRIN BETA-7 PRECURSOR (INTEGRINB7). 0.652/18 % 443 TIGB8: (TIGB8) INTEGRIN BETA= PRECURSOR (INTEGRINB7). 1.03/12 % 444 PA11; (SEPPINE1 OR PA11 OR PLANH1) PLASMINOGEN ACTIVATOR IN1.19/10 %	45 SERPINB2: (SERPINB2 OR PAI2 OR PLANH2) PLASMINOGEN ACTIVA 0.94 / 29 % 46 TAGE: (ADAM17 OR TAGE OR CSV) ADAM 17 PREOURSOR (EC 34.2 1.89 / 9 %	4 TIMPT: (TIMPT OK TIMP OK CLU) METALLOPKO IEINASE INHIBITOR 7.117 17 % 48 TIMP2: (TIMP2) METALLOPKOTEINASE INHIBITOR 2 PRECURSOR (TI1 108 / 10 % 49 TIMP2: (TIMP2) METALLOPROTEINASE INHIBITOR 3 PRECURSOR (TI1 14 1/25 %	50 TIMP4: (TIMP4) METALLOPROTEINASE INHIBITOR 4 PRECURSOR (TII 1/10/21%) 51 PLAT: (PLAT) TISSUE-TYPE PLASMINOGEN ACTIVATOR PRECURSOF 0.93/11% 52 UPA; (PLUJ) URGNINASE-TYPE PLASMINOGEN ACTIVATOR PRECURSOF 0.14/16% 53 BMP7: (BMP7 OR BMP-7 OR 0P1) BONE MORPHOGENETIC PROTEIN 1.14/12%

1.05 / - % 1.02 / 15 % 1.41 / 15 % 0.63 / 15 % 0.77 / 12 % 1.33 / 18 % 1.68 / 13 % 0.59 / 14 % 0.54 / 29 % 3.34 / 12 % 1.05 / 31 % 1.52 / 22 % 6.12/7% 1.07/4% 0.91/9% 1.85/21% 1.01/21% 2.26 / 18 % 4.58 / 25 % 0.76/9% 1.20/4% 0.79/4% 0.89 / 9 % 4.15 / 9 % 0.72/24% 0.30 / 23 % 2.56 / 58 % 5.02 / 15 % 0.62 / 19 % 0.75/20% 0.92 / - % 4.76 / 7 % 0.81 / 28 % 0.97 / 21 % 1.13/23% 0.70/27% 1.17 / 10 % 2.98 / 25 % 0.64 / 11 % 0.71/38% 0.92 / 19 % 0.95 / 11 % 1.55 / 11 % 0.90 / 12 % 1.51 / 15 % 0.74/24% 0.54 / 29 % 0.88 / 15 % 0.54 / 24 % 50 / 18 % 0.43 / 24 % 18 / 18 % 1.30 / 16 % 94 / 18 % 0.74 / 26 % 1.15/13% 0.83 / 15 % 0.23 / 17 % 0.93 / 16 % 1.48/2% 1.05 / 4 % 0.99/3% 0.87 / 2 % 56 / 8 % 1.72/-% 0.54/2% 0.87/2% 0.92/2% 0.68/7% 0.50/-% 1.50 / 14 % 0.88 / 8 % 0.63 / 2 % 0.80 / 4 % 1.04 / 6 % 0.67 / - % 0.90 / 12 % 1.16/11% 1.16/47 % 1.50 / 11 % 1.08 / 0 % 0.63 / 3 % 1.49/4 % 2.44/3 % 3.40/2 % 1.01/27% 1.08 / 17 % 2.71/33% 0.89 / 58 % 1.58 / 13 % 0.96 / 3 % 0.66 / 3 % 0.72 / 12 % 3.30 / 23 % 1.83 / 4 % 0.19 / 1 % 0.57 / 5 % 0.80 / - % 1.12 / 1 % 1.40 / 2 % 2.55 / 8 % 1.83/3% 0.83/1% 1.02 / - % 0.78 / - % 0.76 / - % 1.52 / - % 0.89 / 8 % 0.84 / - % 0.77 / - % 0.96 / - % 0.81 / - % 1.50/2% 0.74/2% 1.43 / - % 0.92 / - % 0.90 / - % 1.17/2% 1.88 / 1 % 0.69 / 4 % 1.07 / 5 % 1.15 / - % 0.93 / - % 0.94 / - % 1.91 / 16 % 1.05 / 32 % 0.96 / 11 % % 1.66 / 14 % 0.44 / 16 % 1.32 / 21 % 0.91 / 16 % 1.00/18% 0.70/24% 1.28/19% 1.13/24% 0.83/9% 0.87 / 12 % 3.17 / 28 % 10.20 / 60 % 0.70/10% 0.91/11% / 21 % / 52 % / 14 % 0.78 / 26 % 2.52 / 16 % / 35 % / 14 % 13 % 16 % 1.24 / 7 % 0.70 / 17 % 12 % 0.83 / 10 % 0.57 / 13 % 0.93 / 12 % 13 % 1.62 / 18 % 0.86 / 16 % 2.61 / 5 % 0.71 / 4 % 0.71 / 5 % 0.44 / 18 % 0.71/10% 0.96 / 15 % 1.00 / 15 % 0.90 / 7 % 5.36 / 7 % 2.03/21% 1.37 / 12 % 0.73/11% 0.44 / 13 % 6.04 / 15 % 1.64 / 14 % 10 % 0.89 / 7 % 1.22 / 7 % 0.41 / 54 % /6% %6/ 1.06/6% 0.66 / 7 % 0.90 / 8 % /8% 0.30 / 7 % 0.41/7% 17.33/93 1.07 / - % 1.05 / 0.96 / 0.26 / 1.02 / 2.40 / 0.95 / 10/ 75 1.93 0.60 / 1.16/ 1.27 1.25 / 1.16/ 1.16/ . C ATF3: (ATF3) CYCLIC-AMP-DEPENDENT TRANSCRIPTION FACTOR A' 1.00 / 6 % ATF4: (ATF4) CYCLIC-AMP-DEPENDENT TRANSCRIPTION FACTOR A' 0.08 / 14 % ATF4: (ATF4) CYCLIC-AMP-DEPENDENT TRANSCRIPTION FACTOR A' 1.00 / 14 % BATF4: (IRACH1) TRANSCRIPTION REGULATOR PROTEIN BACH1 (BT 0.87 / 16 % CEBPB: (CEBPB OR TCF5) CCAAT/ENHANCER BINDING PROTEIN BE' 0.80 / 22 % CEBPG: (CEBPG) CCAATÉNHANCER BINDING PROTEIN GAMMA (CF 0.96 / 18 % MAF\_1: (MAF OR MAF2) TRANSCRIPTION FACTOR MAF (PROTO-ONC 0.79 / 12 % OREB1: (CREB1) CAMP-RESPONSE ELEMENT BINDING PROTEIN (CF 1.85 / 11 % FOS 1: (FOS) P55-C-FMP-RESPONSE ELEMENT BINDING PROTEIN (CELLULAR (0.70 / 8 % FOSL2: (FOSL1 OR FRA1) FOSR-RELATED ANTIGEN 1 (FRA-1). 1.112 % FOSL2: (FOSL2 OR FRA2) FOS-RELATED ANTIGEN 2. 0.94 / 14 % 1.81 / 28 % IKAS: (IKA ALPHA OR CHUK) INHIBITOR OF NUCLEAR FACTOR KAPP 3.39 / 19 % IKAS: (IKKA ALPHA OR CHUK) INHIBITOR OF NUCLEAR FACTOR KAPPA B K1 1-41 / 22 % IKKG: (IKBG OR NEMO OR FIP3) IN-KAPPAB B SESENTIAL MODULAT 1.51 / 10 % JAK1: (JAK1 OR JAK1A) TYROSINE-PROTEIN KIIMASE JAK1 (EC 2.71 / 1.13 / 10 % JAK2: (JAK2) TYROSINE-PROTEIN KIIMASE JAK1 (EC 2.77 / 1.12) (JANU: 0.92 / 16 % 605 FOXG1A-FOXG18: (FOXG18 OR FKHL1) FORKHEAD PROTEIN G18 (F 0.94 / 14 % 605 FKHR; (FOXO1A OR FKHR; POKKHEAD PROTEIN 014 (FORKHEAD N12 : 15 / 19 % 605 FKHR; (FOXX1 OR FKHL13 OR HFH4) FOKKHEAD PROTEIN 11 (FORK1 0:90 / 23 % 608 HH544; (FOXX1 OR HFH23 OR TCF3A) HEPATIOCYTE NUCLEAR FAC 0:96 / 25 % 614 MAL: (MAL) MYELIN AND LYMPHOCYTE PROTEIN (T-LYMPHOCYTE N 0.88 / 10 % 615 ASB1: (ASB1 OR KIAA1146) AUKYRIN REPEAT AND SOCS BOX PROTI : 00 / 14 % 616 ASB2: (ASB2) ANKYRIN REPEAT AND SOCS BOX PROTEIN 2 (ASB-2) 0.78 / 23 % 617 ASB2: (ASB2) ANKYRIN REPEAT AND SOCS BOX CONTAINING PROTI0.77 / 31 % CREL: (REL) C-REL PROTO-ONCOGENE PROTEIN (C-REL PROTEIN). 1.34 / 21 % FIP2: (FIP2 OR NEM02) TUMOR NECROSIS FACTOR ALPHA-INDUCIB 1.01 / 11 % IKBE: (NFREIL OR IKBE) N-K-KAPPAB INHIBITOR EPSILON (NF-KAPPA 0.58 / 20 % PRST: ((FPST) 405 RIBOSOMAL PROTEIN ST (58). 603 SFA2: (BATF) ATF-LIKE BÁSIC LEUCINE ZIPPER TRANSCRIPTIONAL F 0.93 / 16 % 604 XBP1: (XBP1 OR XBP2 OR TREB5) X BOX BINDING PROTEIN-1 (XBP-10.85 / 21 % (FOX42 OR HNF3B OR TCF3B) HEPATOCYTE NUCLEAR FAC- 0.91 / 28 % (HSP45 OR GRP78) 78 KDA GLUCOSE-REGULATED PROTEIN 1.22 / 11 % 618 ASB4: (ASB4) ANKYRIN REPEAT AND SOCS BOX PROTEIN 4 (ASB-4) 0.87 / 16 % 619 BCL3: (BCL3) B-CELL LYMPHOMA 3-ENCODED PROTEIN (BCL-3 PRO' 0.48 / 25 % SOCS6: (SOCS6 OR SOCS4 OR CIS4) SUPPRESSOR OF CYTOKINE S 1.47 / 43 % SOCS5: (SOCS5 OR CISH5 OR CIS6 OR CISH6 OR KIAA0671) CYTOKII 1.08 / 10 % JAK3: (JAK3) TYROSINE-PROTEIN KINASE JAK3 (EC 2.7.1.112) (JANU: 1.25 / 11 % KIAA0827: (NFAT5 OR TONEBP) NUCLEAR FACTOR OF ACTIVATED T 1.75 / 9 % 11 % (NFKBIA OR NFKBI OR MAD3) MAJOR HISTOCOMPATIBILITY CC 0.84 / 19 % (NFKBIB OR IKBB OR TRIP 9) | KAPPA B BETA THYROID RECEP 0.48 / 16 % % JUN: (JUN) TRANSCRIPTION FACTOR AP-1 (ACTIVATOR PROTEIN 1) 3.01 / 24 % ATF2: (ATF2 OR CREB2 OR CREBP1) CYCLIC-AMP-DEPENDENT TRAI 4.99 / 11 % NRF2: (NFE2L2 OR NRF2) NUCLEAR FACTOR ERYTHROID 2 RELATEI 1.92 / 21 % 611 HSPA8: (HSPA8 OR HSPA10 OR HSC70 OR HSP73) HEAT SHOCK CO(0.93 / 20 % 2.17/24% NFAT3: (NFATC4 OR NFAT3) NUCLEAR FACTOR OF ACTIVATED T-CE 0.88 / 25 % 635 NFATCB\_1 (NFATC1 OR NFATC OR NFAT2) NUCLEAR FACTOR OF A 2.51 / 12 % ACTIVATED T-CE 0.87 / 18 % 1.09 / 12 % CISH: (CISH OR G18 OR CIS) CYTOKINE-INDUCIBLE SH2-CONTAININ(1.29 / 13 % RAB40B: (RAB40B OR SEC4L) RAS-RELATED PROTEIN RAB-40B (SOC 0.82 / 17 % 0.93 / 12 % SOCS1: (SOCS1 OR SSI1 OR TIP3 OR JAB OR CISH1) SUPPRESSOR (0.96 / 13 % SOCS2: (SOCS2 OR CIS2 OR SSI2 OR STATI2) SUPPRESSOR OF CYT 1.09 / 11 % SOCS3: (SOCS3 OR CIS3 OR SSI3) SUPPRESSOR OF CYTOKINE SIGI 1.55 / 13 % (STAT2) SIGNAL TRANSDUCER AND ACTIVATOR OF TRANSC 0.76 / 34 % REPEAT AND SOCS BOX CONTAINING 2.36 / 21 % JUNB: (JUNB) TRANSCRIPTION FACTOR JUN-B (G0S3). 1.73 / 5 % MAF1: (MAFB) MAFB/KREISLER BASIC REGION/LEUCINE ZIPPER TR/ 0.81 / 7 % NFE2L1: (NFE2L1 OR NRF1 OR TCF11 OR HBZ17) NUCLEAR FACTOR 0.97 / 3 % 613 CNP: (CNP OR CNP1) 2',3'-CYCLIC NUCLEOTIDE 3'-PHOSPHODIESTE 0.72 / 9 % 633 NFAT1: (NFATC2 OR NFAT1 OR NFATP) NUCLEAR FACTOR OF ACTIV 1.20 / 7 % 0.93 / 11 1 76 REPEAT AND SOCS BOX CONTAINING **REGULATED HSP70** NFKB3: (RELA OR NFKB3) TRANSCRIPTION FACTOR P65 (NUCLEAR CDC10: (SEPT7 OR CDC10) SEPTIN 7 (CDC10 PROTEIN HOMOLOG). RELB: (RELB) TRANSCRIPTION FACTOR RELB (I-REL) NFATX: (NFATC3 OR NFAT4) NUCLEAR FACTOR OF OXYGEN HLF: (HLF) HEPATIC LEUKEMIA FACTOR. 150 KDA ORP150) (WSB1 OR SWIP1) WD (WSB2 OR SWIP2) WD СR СВ HYOU1: (HYOU1 609 HNF3B: HSPA5: STAT2: WSB2: WSB1: IKBA: ( IKBB: 620 586 587 588 589 290 591 592 593 594 595 596 597 598 599 600 601 602 610 612 621 622 623 624 625 626 627 628 629 630 631 632 634 636 637 638 639 640 641 642 643 644 645 646 647 648 0.66 / 13 % 2.59 / 15 % 0.78 / 29 % 0.85 / 28 % 0.98 / 4 % 1.38 / 22 % 1.43 / 9 % 1.26 / 0 % 2.82 / 20 % 0.88 / 3 % 1.05 / 14 % 0.43 / 20 % 0.72 / 26 % 6.83 / 27 % 1.86 / 17 % 1.00 / 40 % 0.80 / 37 % 0.84 / 6 % 0.75 / 37 % 0.70/17% 0.90/11% 0.66 / 21 % 0.85 / 12 % 0.79 / 10 % 1.32 / 24 % 2.42 / 21 % 1.31 / 40 % 3.33/2% 8.73/14% 0.73/3% 0.39/11% 0.82/11% 0.99/10% 0.17/13 % 1.15/17 % 1.06/20 % 0.87/24 % CSPG2\_1; (CSPG2) VERSICAN CORE PROTEIN PRECURSOR (LARGE FIBROBLAST PROTEOGLYCAN) (CH: 0.90 / 34 % ITGAM: (ITGAM OR CR3A OR CD11B) INTEGRIN ALPHA.M PRECURSC 2.20 / 47 % 0.45 / - % 2.54 / - % 1.62 / 6 % 0.82 / 7 % 0.81 / 8 % .51 / 19 % 0.82 / 40 % 0.97 / 16 % 2.96 / 17 % 0.76 / 15 % 1.21 / 14 % 0.91 / 16 % 3.57 / 18 % 2.44/18% 1.90/11% 0.99/26% 0.70/34% 2.13 / 12 % 0.89 / 14 % 0.87 / 24 % 3.25 / 18 % 1.16 / 14 % 0.55 / 11 % 0.46 / 15 % 0.95 / 15 % 0.61 / 16 % 1.40 / 20 % 1.08 / 12 % 1.07 / 11 % 0.79/10% 0.93/8% 0.45/23% 0.92/6% 0.95/9% 2.22/7% 1.59/9% 1.36/12% 1.11/6% 0.48 / 1 % 2.90 / 25 % 1.10/26% 0.82 / 6 % 1.50 / 7 % 0.50 / 27 % % 1.59/4%0.78/5% 0.41 / 17 % 1.84 / 10 % 1.35 / 39 % 0.94 / 11 % 0.10 / 14 % 0.56/2% 0.87/3% 1.24 / - % 0.92 / 4 % 1.52 / - % 0.91 / 13 % 0.96 / 13 % 0.54 / 8 % 1.16 / - % 0.78 / 6 % 0.90 / - % 1.10 / 0 % 1.86 / - % 1.19 / 1 % 0.77/4% 1.08 / 9 % 0.85 / 4 % 1.07 / 7 % 0.66/3% 0.66 / 2 % 1.20 / 9 % 0.75/4% 0.94 / - % 1.49/2% 0.77/8% 0.81 / - % 1.34 / - % 0.71 / - % 0.93 / - % 0.49 / - % 271-0 2.69 / 5 % 0.83 / 20 % 0.17 / 14 % 1.18/6% 1.00/21% 0.92/22% 0.99/9% 0.52/23% 3.05/14% 0.75/17% 0.46 / 8 % 0.86 / 29 % 0.40 / 16 % 0.92 / 35 % 1.12/13% 4.08/26% 0.73/22% 1.00/22% 0.77/17% 0.93/10% 5.99/24 % 0.92/19 % 0.77/34 % 0.89/19 % 1.25/9% 3.85/11% 0.13/10% 0.99 / 15 % 1.53 / 8 % 1.61 / 39 % 1.11/14 % 0.90/38 % 0.86/9 % 0.93 / 14 % 0.81 / 11 % 0.99 / 35 % 0.85 / 14 % 0.98 / 4 % 1.09 / 34 % 0.92 / 9 % 0.89 / 13 % 1.20 / 11 % 1.22 / 17 % 1.06 / 15 % 1.23 / 3 % 1.20 / 59 % 1.36 / - % BMP3: (BMP3 OR BMP-3) BONE MORPHOGENETIC PROTEIN 3 PREC 0.88/28 % 0.066/14 % GaT44 (SaT44 OR GAT44) TRANSCRPTION FACTOR 6477-4(3671-724/4 % 4.10/14) % GDT45. 2: (GDT54 OR PAT4-4) TRANSCRIPTION FACTOR FAT7-4(34/8) 0.99/32 % 0.99/32 % ATF5: (ATF1) CYCLIC-AMP-DEPENDENT TRANSCRIPTION FACTOR A 0.99/12 % 1.11/28 % ATF5: (ATF7 OR ATF5) CYCLIC-AMP-DEPENDENT TRANSCRIPTION F 0.33/17 % 2.91/10 % HST63: (HST05 OR HSP110 OR (HAAC201) HEAT-SHOCK PROTEIN 10.68/12 % 0.065/12 % ATF6: (ATF7 OR ATF5) CYCLIC-AMP-DEPENDENT TRANSCRIPTION F 0.53/17 % 2.91/10 % HSP105 CH HSP105 CH HAAT5 OK CLIC-AMP-DEPENDENT TRANSCRIPTION F 0.53/17 % 2.91/10 % HSP105 CH HSP105 CH HAAT5 OK CLIC-AMP-DEPENDENT TRANSCRIPTION F 0.53/17 % 2.91/10 % HSP105 CH HSP105 CH HAAT201) HEAT-SHOCK PROTEIN 10.93/20 % 0.56/12 % 0.85 / 14 % 0.49 / 18 % 0.95/21% 1.09 / 13 % 0.77 / 16 % 0.84 / 4 % 0.77 / 6 % 1.41/9% 0.89 / 9 % 22.3 SDC2: (SUC2 OR KIAAGBI SYNDECAA2) FRECURSOR (THRACG): COM 33 / 113;
 22.3 SDC2: (SUC2 OR KIAAGBI SYNDECAA2) FRECURSOR (THRACG) 57 / 49, 081 / 458
 22.3 TINC; (TINC OR KIAAGBI SYNDECAA2) FRECURSOR (THRACG) 57 / 49, 081 / 528
 22.3 TINBS: (THS3 OR TS97) THRANGORSPONDIN'S PRECURSOR (THRAC 087 / 49, 081 / 528
 22.3 THBS: (THS3 OR TS97) THRANGORSPONDIN'S PRECURSOR (THRAC 087 / 49, 081 / 528
 22.3 THBS: (THS3 OR TS97) THRANGORSPONDIN'S PRECURSOR (THRAC 087 / 49, 081 / 528
 22.3 THBS: (THS3 OR TS97) OR TS97 / 178 / 17 580 FAST1: (FOXH1 OR FAST1) FORKHEAD BOX PROILEIN H1 (FUKKHEALU 000 / Z1 70 581 FKHL16: (FOXM1 OR FKHL16 OR HFH11 OR WIN OR MPP2) FORKHEA 2 83 / 24 % 582 FKHRL1; (FOXO3A OR FKHRL1), FORKHEAD PROTEIN 03A (FORKHE/I 55 / 25 % 583 FOXK2\_1; (FOXK2 OR ILF1 OR ILF) FORKHEAD BOX PROTEIN K2 (INT 3.04 / 14 % CHES1: (FOXN3 OR CHES1) CHECKPOINT SUPPRESSOR 1 (FORKHE 0.63 / 19 % SDC1: (SDC1 OR SDC OR SYND1 OR SYND-1) SYNDECAN-1 PRECUR 4.98 / 21 % SDC2: (SDC2 OR HSPG1) SYNDECAN-2 PRECURSOR (FIBROGLYCAN 0.33 / 11 % 0.71/9% PROTEIN (SECRETED PRECURSOR SPARC OR ON) (SPARC SPARC: 579 519 520 521

BNIP3. (BNIP3 OR NIP3) BCL2/ADENOVIRUS E1B 19-KDA PROTEIN-IN 1.16/12% 2:33/29% 0:95/ BNIP3// PRVIP3/ OR BNIP3A/OR NIV OR PNIP3A/DEN/2004/2014/2007/2004/2004/2004/2004/2004/2004/200	/-% 0.93/18%	844 BIRC2_5PRIME: (BIRC2 OR API1 OR IAP2 OR MIHB) BACULOVIRAL IA 6.42 / 12 % 6.62 / 24 % 1 646 KEB41 VEB OB VEB1 OD UDVINIAGE RUDDESSOD OF DAS 1 //INIAGE RUDDESSOD OF DAV	2.58 / 1 %	6.26 / 12 %
STG1: (BTG1) BTG1 PROTEIN (B-CELL TRANSLOCATION GENE 1 PRC1.48/10% 0.81/19% 1.30/	/3% 0.86/41%	846 MAP2K2: (MAP2K2 OR PRKMK2 OR MEK2 OR MKK2) DUAL SPECIFICI 0.57 / 15 % 1.94 / 6 %	1.65 / 4 %	0.65 / 13 %
TG2: (BTG2 OR PC3) BTG2 PROTEIN PRECURSOR (NGF-INDUCIBLE 1.52/12 % 0.73/6 % 0.86 / TC3: (BTC3 OD TOPE OD ANA) BTC3 PROTEIN / TOPE PROTEIN / AD 4 2 4 / 46 // 5 42 / 56 // 0.04 /	/-% 0.94/18%	847 P53R2: (P53R2) RIBONUCLEOTIDE REDUCTASE (DKFZP761E1312) (10.677177 % 6.46768 % 1 848 PAC4: PAC4: CPAC4 CP BAILTANY/PULIPECOMPANATION ACTIVATING PROTECTION 20.0 % 1.44. %	0.93 / - %	1.37 / 14 %
163. (B103. OK 1059 OK ANA) B103 FKOTEIN (1059 FKOTEIN) (AB 1.34.713 % 3.427.23 % 0.317 3. (C3) COMPLEMENT C3 PRECURSOR. 0.691 / 0.901/21 % 1.091/- % 0.691	/9% 1.45/23%	848 RAGE: (RAGE) OK KINF/4) V(U)JI RECOMBINATION ACTIVATING PROTICUSZ / 9 % 1.047/14 % 849 RAG2: (RAG2) V(D)JI RECOMBINATION ACTIVATING PROTEIN 2 (RAG2).	1.38 / 12 %	0.93 / 8 %
LU: (CLU) CLUSTERIN PRECURSOR (COMPLEMENT-ASSOCIATED F1.10/28% 0.89/8% 0.89/	/-% 3.52/14%	850 AIM2: (AIM2) INTERFERON-INDUCIBLE PROTEIN AIM2 (ABSENT IN ME 10.09 / 20 % 0.48 / 9 %		1.38 / 8 %
ZF3. (EZF3) TRANSOKIPTION FACTOR EZF3 (EZF3). GR1: (EGR1 OR ZNF225) EARLY GROWTH RESPONSE PROTEIN 1 (F13,48/24 % 53,82/45 % 15,06	/ - %   .08 / 22 % 3 / 70 % 33.18 / 78 %	851 IF.NBT. (IF.NBT UR IF.NB UR IF.B) INTERFERUN BETA FREUURSUR (IFT F.UZ / 15 % 1.0379 % 852 ZMDA1: (IL.19 OR ZMDA1) INTERLEUKIN-19 PRECURSOR (IL-19) (MEL 0.89 / 19 % 0.577 / - %		0.82 / 21 %
NFAIP8: (TNFAIP8 OR GG2-1 OR MDC-3.13 OR SCC-S2) TNFAIP8 TUI 1.64/18 % 1.81/14/ % 1.14/ MOXAS (MOXAS OF 1.04 OF	/-% 2.52/16%	853 CTSD: (CTSD) CATHEPSIN D PRECURSOR (EC 3.4.23.5). 0.75/15 % 3.56/27 % 1	0.35 / - %	4.93/21%
IMOX1. (ПМОХТОК ПОТОК ПОТЛЕМЕ ОХТОЕМАЗЕТ (EC. 1.14.39.3.0.4.17.30.7%) 0.117.20.% IMOX2: (HMOX2 OR HO2) HEME OXYGENASE 2 (EC. 1.14.99.3) (HO-2.2.157.20.%) 1.107.11.%) 1.757	/3% 1.23/34%	934 CU 193, (CU 193) MI 30 AN 119EN FRECORSOK (MACKOFRAGE REMOV 0.17 / 22 % 0.437 / 13 % 1 855 ACVR1: (ACVR1 OR ACVRLK2) ACTIVIN RECEPTOR TYPE I PRECURS 0.327 / 15 % 1.137 - % 1	0.10/19/0	u.41711 % 4.55732 %
PIB: (PPIB OR CYPB) PEPTIDYL-PROLYL CIS-TRANS ISOMERASE B 0.84 / 7 % 0.82 / 7 % 0.76 /	/ - % 1.01 / 6 %	856 ACVR2: (ACVR2) ACTIVIN RECEPTOR TYPE II PRECURSOR (EC 2.7.1.1.49/17 % 2.86/28 %	2.60 / - %	1.22 / 12 %
RHOA: (ARHA OR ARH12 OR RHOA OR RHO12) TRANSFORMING PRC1.27733 % 0.49732 % 2.437 2004: PD2001 PETA 2 MICPOCI OPITI IN PDECTIPEOD / HDCMA232P) 152715 % 1.26742 % 2.277	/0% 0.31/26%	857 ACVRL1: (ACVRL1 OR ACVRLK1 OR ALK1) SERINE/THREONINE-PRO' 0.89 / 13 % 0.89 / 23 % 0.86 ADCV6: (ADCV6) ADENVI ATE CVCI ASE TYPE VIII (FC 4 & 11/ATE E 4 04/141 % 0.06 / 12 % 0.06 /	1.08 / 16 %	0.89/20%
24M. (BZM) DETA-2-IMICROGLOBULIN FRECURSOR (INDUMAZZP). 1.337 13 % 1.207 12 % 2.227 20M· (BCAP31 OR BAP31) B-CFI   RECEPTOR-ASSOCIATED PROTFIL0 25724 % 0.357 13 % 0.557	/ 2 % 0.21/12%	830 AUCT6. (AUCT6) AUENTLATE OT CLASE, ITTE VIII (EC 4:0.1.1.1) (ATTE 1:047.14.% 0.397.12.% 1 859 AID: (AID) ACTIVATION-INDUCED CYTIDINE DEAMINASE 0.997.25.% 0.827.16.%	0.12101.0	0.76/20%
RAP. (FRAP) FKBP-RAPAMYCIN ASSOCIATED PROTEIN (FRAP) (RAI 0.51 / 6 % 18.96 / 64 % 0.47 /	/ - % 10.28 / 39 %	860 AIOLOS: (ZNFN1A3) ZINC FINGER PROTEIN AIOLOS. 1.12/18 % 2.27/7 %	1.13 / 4 %	2.31 / 18 %
522P1: (G22P1) ATP-DEPENDENT DNA HELICASE II, 70 KDA SUBUNIT3.02 / 12 % 3.33 / 23 %	2.38 / 13 %	861 AOC3: (AOC3 OR VAP1) MEMBRANE COPPER AMINE OXIDASE (EC 1.1.45/48 % - 1.84/18 % - 352 & 344000 (AD4000) (AD40000) (AD400000) (AD400000) (AD400000) (AD40000) (AD400000) (AD400000) (AD400000) (AD400000) (AD400000) (AD400000) (AD4000000) (AD4000000) (AD4000000) (AD4000000) (AD4000000)	1.33 / 27 %	0.95 / 16 %
71011. (F11011) FROTO-ONCOGENE SERTINE TREOVINE-FROTEIN KINV 3.03 / 11 78 - 1.43 / 31 78 DRM2-ORM1: ((ORM2 OR AGP2) AND (ORM1 OR AGP1)) ALPHA-1-ACI 0.99 / 6 % - 0.98 / 14 % - 0.45 /	/23 % 2.79 / 18 %	002 AF 102. (AF 102.) AUAPTER-RELATED FROTEIN COMPLEX 1 GAWINA 20:00/23 % 0.117/10 % 863 CD274; (CD274 OR B7H1 OR PDCD1L1 OR PDCD1LG1 OR PDCD1LG1 OR PDC124 0.66/19 % 1.02/12 % 1	0.83 / - %	0.89 / 12 %
ALL3: (MLL3 OR HALR OR KIAA1506) MYELOID/LYMPHÓID OR MIXED 4.15/23 % 1.10/10 % 3.45/	/8% 1.72/12%	864 CD276: (CD276 OR B7H3 OR PSEC0249) CD276 ANTIGEN PRECURSO 1.18 / 20 % 0.26 / 10 %		0.35 / 19 %
3CL6: (BCL6 OR ZNF51 OR LAZ3 OR BCL5 OR BCL-6) B-CELL LYMPH(0.49/22 % 0.06/8 % 3.3.7)	0.26/12%	865 CEACAM1-CEACAM2: ((CEACAM1 OR BGP OR BGP1 OR BGPD) AND (1.74/14 % 1.33/5 % )	2.29/22%	0.88 / 11 %
3LIMP 1. (FRUM 1 OR BLIMP 1) B LTMPHOUT IE INDUCED MALURATIO 1.037 13 % 59 80 / 37 % 0 97 / 19TB18: (7BTB18 OR 7FP338 OR RP58 OR TA71) 7INC FINGER PROT 1 61 / 23 % 59 80 / 37 % 0 97 /	/ - % 0./0/ 10 % / 2 % 63 19 / 44 %	800 BMP 13. (BMP 13 OK GUTSB) BOVE MORTHOGENETIC FROTEIN 13 FF0.3471 13 % 0.327 - % 367 BMP 14. (BMP 14 OR ACVR1 K3) RONE MORPHOGENETIC PROTEIN 133741 % 178739 %	z.U3/ - %	0.98/17%
3ACH2: (BACH2) TRANSCRIPTION REGULATOR PROTEIN BACH2 (BT 0.46 / 31 % 4.10 / 30 % 0.34 /	/28 % 3.50 / 16 %	868 BMPR1B: (BMPR1B OR ACVRLK6) BONE MORPHOGENETIC PROTEIN 1.33 / 5 % 1.33 / 32 %	1.58 / - %	1.13 / 15 %
ZBTB19: (ZBTB19 OR ZNF278 OR PATZ OR RIAZ OR ZSG) ZINC FINGE 0.33 / 16 % 0.21 / 35 % 0.09 /	/51% 1.35/9%	869 CD164: (CD164 OR MMGC-24) PUTATIVE MUCIN CORE PROTEIN 24 P 1.70 / 21 % 2.49 / 9 %	1.77/4%	2.04 / 15 %
	12% 0.50/39%	870_CU44_EX15-15_MOUSE: (CU44_OK_LHK) CU44_ANTIGEN PRECURSOF 1.42.716 % 49.327 - % 871_CD44_EX16-20_MOUSE: (CD44_OR_1HR) CD44_ANTIGEN PRECURSOF 1.03.719 % - 2.46.744 % -	1.18/31%0	7 09 / 15 %
NEIP1: (TNFAIP1 OR TNFIP1 OR EDP1) EDP1 PROTEIN. 1.03/9% 11.52/68% 0.70/	/1% 8.92/38%	872 CD44 EX3-5 MOUSE: (CD44 OR LHR) CD44 ANTIGEN PRECURSOR (11.72/21% 2.03/8%	1.40/3%	3.00 / 14 %
3LL1: (DL1) DELTA-LIKE PROTEIN 1 PŘECURSOR (DROSOPHILA DE 5.29 / 17 % 15.00 / - % 3.89 /	/ - % 4.98 / 27 %	873 CDH3. (CDH3 OR CDHP) CADHERIN-3 PRECURSOR (PLACENTAL-CAI 1.47 / 17 % 1.27 / 5 % 1	0.81 / - %	2.02 / 13 %
1.41: (JAG1) JAGGED 1 PRECURSOR (JAGGED1) (HJ1) NOTCH LIGANI 1.06 / 8 % 0.95 / 0.9	/-% 0.88/35%	874 CRKL: (CRKL) CRK-LIKE PROTEIN. 0.48/21 % 0.77/13 % 0 0.48/21 %	0.24 / 11 %	1.77/9%
VERBILZ: (NERBILZ) FRAFPA-B-RELATED FROTEIN (IRAPPABR) (TRAFU33719 % Z:48710 % 1:017 VOTCH1: (NOTCH1 OR TAN1) NEUROGENIC LOCUS NOTCH PROTEIN 1.73716 % 0.38713 % 0.757	/ 5 % 0.83 / 18 %	875 DAPK1: (DAPK1 OR DAPK) DEATH-ASSOCIATED PROTEIN KINASE 1 (1:33/13 % 0.69/- % 0.69/- %	J. 34 / - %	1.81/-% 1.36/13%
IOTCH2: (NOTCH2) NEUROGENIC LOCUS NOTCH PROTEIN. 2.81/13 % 3.04/13 % 2.13/	/6% 3.53/26%	877 TNFRSF21: (TNFRSF21 OK DR6) TUMOR NECROSIS FACTOR RECEP 0.92/18 % 0.77/7 %	0.75 / - %	0.76/21%
40TCH4: (NOTCH4) NOTCH4. 0.827/24 % 1.36/10 % 1.11/	/-% 0.96/10%	878 EGR2: (EGR2 OR KROX20) EARLY GROWTH RESPONSE PROTEIN 2 (0.86/51 % 0.59/16 % 0.20 / 20 / 20 / 20 / 20 / 20 / 20 / 20	0.47 / - %	1.00 / 5 %
CCET: (ECET) ENDOTHELIN-CONVERTING ENZYMET (EC 3.4.24.71) (11.49.714 % 0.45.716 % 0.917 CCE2: (ECE2) ENDOTHELIN-CONVERTING ENZYME 2.1EC 3.4.24.71) (11.17.710 % 1.557.29 %	/45 % 0./6/11 % 1.22/10 %	879 EGRS: (EGRS OR PILOT) EARLY GROWTH RESPONSE PROTEIN 3 (ECU.70724 % U.61729 % 1 880 EPHR2: (FDHR2 OR FDTH3 OR FRK OR DRT OR HEKS) FPHRIN TYPE: 155710 % 0.80714 % 1	0.79/11%	0.92778% 13777%
EPOR: (EPOR) ERYTHROPOIETIN RECEPTOR PRECURSOR (EPO-R) 1.44/4 % 1.83/47 % 2.20/	/ 22 % 1.12 / 23 %	881 FCP1: (FCP1) SERINE PHOSPHATASE FCP1A. (CTDP1) RNA POLYME 0.81/12 % 0.41/11 %	0.30 / - %	1.05 / 8 %
3FBP1: (IGFBP1 OR IBP1) INSULIN-LIKE GROWTH FACTOR BINDING 1.18 / 12 % 0.78 / 20 % 1.26 /	/19 % 0.93 / 9 %	882 FLT3LG: (FLT3LG) SL CYTOKINE PRECURSOR (FMS-RELATED TYRO: 0.78 / 16 % 0.69 / 19 %	0.75/-%	0.73/9%
002F1_1: (POU2F1 0R_0TF1 0R_0CT1) POU DOMAIN, CLASS 2, TR/4.12 / 9% 1.65 / 8% 3.23 / 3.04 / 3.04 / 3.04 / 3.07 / 3	/9% 1.59/12% /-% 097/28%	883 GATA3: (GATA3) TRANS-ACTING T-CELL SPECIFIC TRANSCRIPTION 11.21714 % 1.36719 % 884 GZMB: (GZMB OR CTI 41 OR CTI 4-1 OR GRB OR CSPB OR CGI 1) GRD 65726 % 0.62711 % 1	1.14/2% 063/35%	1.50 / 5 % 0 88 / 24 %
22R: (F2R OR PAR1 OR TR OR CF2R) PROTEINASE ACTIVATED RECE4.21 / 64 % 1.45 / - %	3.82/38%	885 HEXA: (HEXA) BETA-HEXOSAMINIDASE ALPHA CHAIN PRECURSOR (1.57/24 % 1.60/19 %	1.60 / 7 %	0.77/6%
/GST3: (MGST3) MICROSOMAL GLUTATHIONE S-TRANSFERASE 3 (F0.14 / 8 % 0.66 / 36 % 0.26 /	/18 % 0.93 / 22 %	886 HHEX: (HHEX OR PRHX OR PRH OR HEX) HOMEOBOX PROTEIN PRF 0.82 / 12 % 0.75 / 13 % 1	0.57 / 4 %	1.02/3%
【RP1: (NRP1 OR NRP OR VEGF165R) NEUROPILIN-1 PRECURSOR (V 0.85 / 13 % - 1.43 / 35 % - 1.37 / MAEAU47P1・/ PAFAU424 OP PAFAU4 のPU154 のP MPCP) PI ATTLET A 3 73 / 45 % - 4 80 / 5 % - 3 3 7 /	/-% 1.92/16%	887 HLX1: (HLX1) HOMEOBOX PROTEIN HLX1 (HOMEOBOX PROTEIN HB21.85/22 % 0.87/6 % )	2.49/45%	1.44 / 13 %
24FAH1B1: (PAFAH1B1 OK PAFAHA OK LIST OK MUCK) PLATELET-A 2.73715 % 1.8976 % 3.377 246AH1B2: (PAFAH1B2 OR PAFAHB) PLATELET-ACTIVATING FACTOF0.47725 % 1.22718 % 0.247	/-% 1./0/12% /-% 2.54/12%	888 ICUOS: (ICUOS) AUTIVATIUN-INDUCIBLE LYMPHUCYTE IMMUNUMEDIA U.787716 % U.997710 % 1 889 IL10RB: (IL10RB OR CRFB4) INTERLEUKIN-10 RECEPTOR BETA CHAL1.21716 % 2.40725 % 1	J. / 2 / 9 % 1.67 / 5 %	U./3/2U% 1.49/24%
AFAH1B3: (PAFAH1B3 OR PAFAHG) PLATELET-ACTIVATING FACTO 0.47 / 10 % 0.74 / 7 % 0.59 /	/-% 0.57/22%	890 IL12RB1_1: (IL12RB1 OR IL12RB OR IL12R) INTERLEUKIN-12 RECEPT 0.90 / 30 % 1.49 / 61 %	1.68 / - %	0.89 / 14 %
AFAH2: (PAFAH2) PLATELET-ACTIVATING FACTOR ACETYLHYDROI 0.58 / 9 % 0.92 / 16 %	1.15/4%	891 IL12RB2: (IL12RB2) INTERLEUKIN-12 RECEPTOR BETA-2 CHAIN PREC0.11/19 % 1.74/18 %	0.22 / 18 %	1.40 / 11 %
5PAZLZ: (PLAZ-XIII OR PLAZGT3 OR FKSG/1) GROUP XIII SECRETOR 1.26 / 29 % - 1.09 / - % TTPAP: (TTPAP OP D130M3 3 OB EAD2 OP AD-022) D130M3 3 (NOVJET 1 04 / 23 % - 1 54 / 17 % - 1 63 /	1.56/24%	892 IL11/R; (IL11/R) INTERLEUKIN-17 RECEPTOR PRECURSOR (IL-17 RECE1.467.23 % 2:617.8 % 1 803 IL21-711 241 INTEDE ELIKIN 21	0.38/1% 051/38%	5.85 / 18 % 0 80 / 13 %
JSP2: (USP2 OR UBP41) UBIQUITIN CARBOXYL-TERMINAL HYDROLP 1.13 / 16 % 0.60 / 10 %	0.74/9%	894 INPP4A: (INPP4A) TYPE INOSITOL-3,4-BISPHOSPHATE 4-PHOSPHA10.70/8 % 0.71/7%	0.71/1%	0.90 / 14 %
LOX12E_MOUSE: (ALOX12E OR ALOX12-PS2 OR ALOXE) ARACHID(1.59/3 % 1.19/14 % 5.59/	/ - % 1.04 / 7 %	895 IRAK3: (IRAK3) INTERLEUKIN-1 RECEPTOR-ASSOCIATED KINASE 3 (F0.78 / 14 % - 1.19 / - %	0.93 / - %	0.70 / 76 %
ALOXE3: (ALOXE3) EPIDERMAL LIPOXYGENASE (LIPOXYGENASE3) 0.99/16 % 0.33/1 % 0.63/ ALOXE3: (ALOXE3) ALOXE3 (ALOXE3) (ALOX	/-% 0.41/3%	896 IRAK1: (IRAK1 OR IRAK) INTERLEUKIN-1 RECEPTOR-ASSOCIATED KI 0.90 / 21 % 2.84 / 25 % 1	0.41/7%	4.45 / 11 %
PLA2: (IPLA2) CALCIUM-INDEPENDENT PHOSPHOLIPASE A2 (MEMBI 3.54 / 9% 3.61 / 4% 0.86 /	/-% 2/.6//31%	89/ IRAK2: (IRAK2) INTERLEUKIN-1 RECEPTOR-ASSOCIATED KINASE-2 (10.68 / 10 % 2:60 / 17 % 0 000 IPE9: //IPEPEREDON PEC/III ATOPY EACTOR 3 //IPE 3) 0 37 / 7 % 0 037 / 3 % 0	0.72/1%	2.84 / 13 %
MGST1. (MGST1. OR MGST. OR GST12) GEUTATHIONE S-TRANSFERAT. 307.17 % U.337.20 % AGST2: (MGST2. OR GST2) MICROSOMAL GLUTATHIONE S-TRANSFE1.767.24 % -1.67.711 % -2.767	/-% 126/6%	890 IRF5: (IRF5) INTERFERON REGULATORT FACTOR 5 (IRF-5). 0.5/171% 0.02710% 1 899 IRF5: (IRF5) INTERFERON REGULATORY FACTOR 5 (IRF-5) 0.18/21% 0.25/14 % 1	0.31/4%	0.15/14 %
UTE: (NTE) NEUROPATHY TARGET ESTERASE. 4.06/14 % 3.49/32 % 4.13/	/ 26 % 2.55 / 9 %	900 IRF6. (IRF6) INTERFERON REGULATORY FACTOR 6 (IRF-6). 1.16/27 % 1.14/5 %	1.10 / - %	1.08 / 14 %
5PLASH: (PLA2G2D OR SPLASH) GROUP IID SECRETORY PHOSPHO 1.01/22 % 0.52/28 %	0.94 / 28 %	901 IRF7: (IRF7) INTERFERON REGULATORY FACTOR 7 (IRF-7) 0.85/19% 1.67/13%	1.06/2%	1.43/4%
KAPTI. (ARAPTI OK AKAPT149) A KIIVASE ANCHOK PROTEIN 1 (A-KIINA 3.20/118 % - 0.35/115 % - 0.34/ (ACT5: (OACT5 OR C3F) 0-ACYLTRANSFERASE (MEMBRANE BOUNI 2.25/19 % - 53,40/24 % 12,92	2/-% 1.09/12% 2/-% 2.67/24%	902 KLKKT. (KLKKT OK NKGZU) NKGZ-U TYPE II IN LEGRAL MEMBRANE P 3.09720 % 2.73716 % 903 KNSL1; (KNSL1 OR EG5) KINESIN-RELATED MOTOR PROTEIN EG5 (K 0.8776 % 0.84759 %	4.0/12/10.4	0.88 / 16 %
-CB4: (PLCB4) PHOSPHOLIPASE C BETA 4. 1.24 / 22 % 0.94 / 6 % 0.66 /	/ - % 1.63 / 22 %	904 LAG3: (LAG3 OR FDC) LYMPHOCYTE ACTIVATION GENE-3 PROTEIN 0.68 / 13 % 0.94 / 20 %	1.57 / - %	0.42 / 10 %
CCE: (PLCE OR PLCE1 OR PLC-EPSILON) PHOSPHOINOSITIDE-SPE 0.91 / 25 % 1.63 / - % 1.10 / 24 St St HPASI S OR HPASPS) HPASLIKE SI IPPDESSOR (A.C.1) 1.08 / 22 % 1.07 / - %	/-% 0.99/16% 0.86/21%	905 LEF1; (LEF1) LYMPHOID ENHANCER BINDING FACTOR 1 (LEF-1) (T C 0.7274 % 0.85722 % 0.661 GAI S2: // GAI S2: /	0.65 / 10 % 0 78 / 1 %	0.94 / 10 %
RAT: (LRAT) LECITHIN RETINOL ACYLTRANSFERASE. 1.23 / 37 % 0.95 /	/-% 1.21/8%	907 LMO4: (LMO4) LIM DOMAIN TRANSCRIPTION FACTOR LMO4 (LIM-ONI 0.58/20 % 0.81/13 % 1	0.37 / 1 %	1.34 / 8 %
TGA3_5PRIME: (ITGA3) INTEGRIN ALPHA-3 PRECURSOR (GALACTOI0.91/12 % 1.14/24 % 0.68/	/ - % 1.00 / 16 %	908 LY75: (LY75) RECEPTOR DEC205 (DEC-205) (CD205). 0.89 / 21 % 0.67 / 13 % 1	0.58 / 54 %	1.17/32%

.40/43%	.98/30%	.71/8%	1.49 / 19 %	0.78723% 8878%	.79/6%	0.35/6%	25/3/18%	.57 / 34 %	92/7%	.02 / 11 %	./ U / 12 %	39/13%	3.40 / 20 %	.18 / 18 %	.1//22%	. 93 / - %	.16 / 5 %	10/6%	. 16 / 9 %	8.09 / 17 %	.33 / 11 %	.87/12%	44/7%	90/33%	39 / 19 %	.09 / 15 %	.00 / 0 % 19 / 21 %	.41/48%	1.58 / 22 %	.08 / 20 %	06/5%	.86 / 19 %	43/9%	0.99/11%	04 67 1 1 7 3 W	3.26 / 25 %	.85 / 11 %	.17 / 18 %	% C / ON.	.97 / 6 %	.43/32%	1.24 / 11 %	.48/5%	85/23%	36/26%	0.80 / 1 %	.21/10%	.16 / 10 %	5.76 / 16 %	20 FC / FC /
1.17/-%	0.35/11% 1	0.58/8%		081/-%		1.80 / 12 % 0	2.967-%	0.91/-% 0	0.90 / 1 % 2	ι- ι	70 / 66 1	0/ = / 07.1	1.20 / - %	1.01/7%	2.201-%		0.74 / - % 1		7.16/-% 2	0.07/34% 8	1.38/26%1	- ·	_ (-	2.48/-%	0.07 / 19 % 0	0.52/-% 1	% 70 / 01 .7		7		1.88/1%	2.35/9% 9	0.12/0%	0 1 00 1	0.17/9%	6.19/9% 6	0.59/1% 1	0.16/15% 1	0 % / / 61.1		16.47 / - % 7	0.72/17 % 4	0.90/-% 2	0/ - / CZ I	- (1)		0% GR / 7.8.0	1.59/-% 1	1.97/7% 5	
24.82 / 111 %	2.59/9%	0.84 / 15 %	6.32 / 61 %	1.62/61% 5.66/19%	0.88 / 8 %	0.65 / 8 %	2./0/20%078/9%	0.62 / 14 %	1.57 / 12 %	1 20 1 5 0/	% C / 67.1	0.15/82%	0.48 / 41 %	1.89 / 18 %	% - <u>1</u> 20 0	1.78 / - %	0.96 / 18 %	1.52/58%	0.03/9%	1.28 / 67 %	1.75/25%	0.87/6%	% 66 / 61 .1		0.21 / 11 %	0.71/51%	0.94 / - %		41.22 / 79 %	1.19/56%	1.25/8%	25.18 / 19 %	0.59/6%	0.80/6%	% 0 / 0 % 0 %	7.56 / 11 %	2.45 / 5 %	0.29/8%	% cc / cl . I % 2 / 01 0		28.21/-%	3.07 / - %	2.74 / 10 %	0/ 04 / 70.1		0.99 / 15 %	0.927-%	1.15/33%	19.83 / 17 %	~ ~ ~ / / / / /
974 MAP2K6_1: (MAP2K6 OR PRKMK6 OR MKK6 OR MEK6) DUAL SPECIFI 1.25 / 14 %	975 MAP2K7: (MAP2K7 OR PRKMK7 OR JNKK2 OR MKK7) DUAL SPECIFIC 0.34 / 10 % 026 MAP2K9: MAP2K9 OB MAPKK93 OB MEKK93 MITCOEN ACTIVATED E 1 41 / 6 %	977 MAP3K4: (MAP3K4 OR MAPKKK4 OR MEKK4 OR MTK1 OR KIA0213) 11.33 / 5 %	978 MAP3K7: (MAP3K7 OR TAK1) MITOGEN-ACTIVATED PROTEIN KINASE 1.74 / 28 %	9/9 MAP3K8: (MAP3K8 OK COL OK TPL2) MILOGEN-ACTIVATED PROTEIN 0.95 / 20 % 980 MAPKAPK2: (MAPKAPK2 OR RPS6KC1) MAP KINASE-ACTIVATED PROT33 / 12 %	981 PTP4A3. (PTP4A3 OR PRL3) PROTEIN TYROSINE PHOSPHATASE 4A: 1.77 / 23 %	982 PTPN2_1: (PTPN2 OR PTPT) PROTEIN-TYROSINE PHOSPHATASE, NO.90 / 5 %	983 PTPN21: (PTPN21 OK PTPD1) PKOTEIN TYROSINE PHOSPHATASE, N3:91/88% 984 PTPRN9: (PTPRN2 OR PTPRP) PROTEIN-TYROSINE PHOSPHATASE 31 04 / 16%	985 PTPRR: (PTPRR OR EC-PTP) PROTEIN-TYROSINE PHOSPHATASE R 0.94 / 12 %	986 PTPRS: (PTPRS) PROTEIN-TYROSINE PHOSPHATASE, RECEPTOR-T 1.19 / 26 %	987 PTPRZ1: (PTPRZ1 OR PTPRZ OR PTPZ) PROTEIN-TYROSINE PHOSPI 0.54 / 27 %	988 AIFT: (AIFT OK IBAT) ALLOGRAFT INFLAMIWATORY FACTOR-T (AIF-T) 1.747 T3 % 080 CADN4 - (CADN1 OB CAND14) CATDAIN14 TADGE STIDINIT (EC 2.4.27.120742 %	990 CAPNO: (CAPNO ON CANTEL) CALFAINT, CANCE SUBUNIT (EC 3:4:2: 1:337-13 % 990 CAPNO: (CAPNO OR CANPLO) CALPAINO: LARGE SUBUNIT (EC 3:4 2: 1:507-16 %	991 ARHGAP1: (ARHGAP1 OR RHOGAP1 OR CDC42GAP) RHO-GTPASE-A 7.11 / 10 %	992 BM045: (3930401K13RIK) UNCHARACTERIZED BONE MARROW PROT 0.80 / 16 %	993 C1QA; (C1QA) COMPLEMENT C1Q SUBCOMPONENT, A CHAIN PRECIO. /9 / 50 % 994 MAP17: (MAP17) 17 KIDA MEMBRANE ASSOCIATED PROTEIN (DD96 P 1 27 / 61 %	995 TGFBI: (TGFBI OR BIGH3) TRANSFORMING GROWTH FACTOR-BETA 2.65 / 33 %	996 TUBA4-TUBA1: (TUBA4) TUBULIN ALPHA-4 CHAIN (ALPHA-TUBULIN 4 0.86 / 8 %	997 PLEKHC1: (PLEKHC1 OR KIND2 OR MIG2) PLECKSTRIN HOMOLOGY 10.89 / 40 %	999 RLIP76; (RIP1) RLIP76 PROTEIN. RAL-INTERACTING PROTEIN 3 (PTRU-337 20 % 999 RLIP76; (RIP1) RLIP76 PROTEIN. RAL-INTERACTING PROTEIN 1 (RIP112.18 / 11 %	1000 SB135: (MYADM OR MUG) MYELOID-ASSOCIATED DIFFERENTIATION 0.93 / 17 %	1001 TM4SF2: (TM4SF2 OR MXS1 OR A15) TRANSMEMBRANE 4 SUPERFAI 1.21 / 30 %	1002 ITSN1: (ITSN1 OR ITSN OR SH3D1A) INTERSECTIN-1 (SH3 DOMAIN-C: 1.797 23 %	1005 FECUS. (FECUS) FRUSFRULITASE C, DELLAS (FEU-BUU10000). 1.347 18 % 1004 SERPINB1: (SERPINB1 OR FLANH2 OR P12)1 FLIKOCYTE FLASTASE 10 857/18 %	1005 CSF1: (CSF1 OR CSFM) MACROPHAGE COLONY STIMULATING FACT 9:50 / 79 %	1006 RABGAP1: (RABGAP1) RAB6 GTPASE ACTIVATING PROTEIN (GAPCE 0.11/11%	1007 GRB10; (GRB10) GROWTH FACTOR RECEPTOR-BOUND PROTEIN 10 0.70 / 12 %	1008 IFNGKZ: (IFNGKZ OK IFNGI 1) IN ERFERON-GAMMA RECEPTOK BEI 3.837 23 % 1009 IGERP6: (IGERP6 OR IGERP-6) INSUI IN-LIKE GROWTH FACTOR BIND 1 15 / 14 %	1010 M6PR: (IGF2R) CATION-INDEPENDENT MANNOSE-6-PHOSPHATE RE 6.89 / 21 %	1011 PROCR. (PROCR OR EPCR) ENDOTHELIAL PROTEIN C RECEPTOR P 4.57 / 40 %	1012 PTCH2: (PTCH2) PATCHED PROTEIN HOMOLOG 2 (PTC2). 0.95 / 25 %	1013 FIKASI (FIKAST OK FIKAS) GI PASE FIKAS PRECURSOK (TRANSFORM 1.12725 % 1014 FIT1 (FILT1 OR FIFE OR GARG16) INTERFERON-INDITICED PROTEIN 1.14715 %	1015 STAM2: (STAM2) SIGNAL TRANSDUCING ADAPTOR MOLECULE 2 (SF 4.20/14%	1016 USP20: (USP20 OR LSFR3A OR KIAA1003) UBIQUITIN CARBOXYL-TEF 0.29 / 15 %	101/ USP21: (USP21 OR USP23) UBIQUITIN CARBOXYL-TERMINAL HYDRC 0./1/13 %	1019 USP25- (USP25 OR USP21) UBIQUITIN CARBOXTE-I ERMINAL FTD 2:32 / 13 % 1019 USP25- (USP25 OR USP21) UBIQUITIN CARBOXYL-TERMINAL HYDRC 0.40 / 25 %	1020 CBLB: (CBLB OR RNF56) SIGNAL TRANSDUCTION PROTEIN CBL-B (S 9.25 / 20 %	1021 MLL2: (MLL2 OR ALR) MYELOID/LYMPHOID OR MIXED-LINEAGE LEUP 0.49 / 13 %	1022 RFWD2: (RFWD2 OR COP1) UBIQUITIN LIGASE PROTEIN COP1 (EC 6 0.70 / 13 %	1025 RNF 126. (RNF 126 OR GREULT) RING FINGER FROTEIN 128 (GRAIL) (10.37 / 11 % 1024 TRAIP: (TRAIP OR TRIP) TRAF INTERACTING PROTFIN (HTRIP) 0.31 / 8 %	1025 MID2: (MID2 OR FXY2 OR RNF60 OR TRIM1) MIDLINE 2 PROTEIN (MIE 1.00 / 18 %	1026 NFX1: (NFX1) TRANSCRIPTIONAL REPRESSOR NF-X1 (EC 6.3.2) (NL 16.94 / 55 %	1027 AMSH: (STAMBP OR AMSH OR 5330424L14RIK OR 5730422L11RIK OF 1.08 / 21 %	1028 PIAS1: (PIAS1 OR DDXBP1) PROTEIN INHIBITOR OF ACTIVATED STA 1.34 / 21 % 1028 PIAS3: (PIAS3) PROTEIN INHIBITOR OF ACTIVATIED STAT3 (PROTEIN 2) 33 / 31 %	1029 FIA30, (FIA30) FROTEIN INFIBITION OF AG ITVATIED STATS (FROTEIN 2:337 31 % 1030 HABP2: (HABP2 OR HGFAL OR PHBP) HYALURONAN-BINDING PROTEIL 16 / 27 %	1031 HGF: (HGF OR HPTA) HEPATOCYTE GROWTH FACTOR PRECURSOR 3.62 / 28 %	1032 MMP20; (MMP20) MATRIX METALLOPROTEINASE-20 PRECURSOR (E 1.24 / 38 %	1033 SEPT (SEP OK PLEXIN-B1) SEMAPHORIN RECEPTOR. 1034 MMP1 1: (MMP1 OR CLG) INTERSTITIAL COLLAGENASE PRECURSOI 1.59 / 50 %	1035 TIRAP. (TIRAP OR MAL) TOLL-INTERLEUKIN 1 RECEPTOR DOMAIN-C 1.35 / 6 %	1036 SCARB2: (SCARB2 OR CD36L2 OR LIMPII) LYSOSOME MEMBRANE PI 0.89 / 14 % 4037 THEAIDE: (THEAIDE: OF TSCE OF THEIDE) THIMOD NECEDOSIS EACTOR 0.86 / 33 %	
0.87 / - %	2.79/24%	1.04 / 6 %	5.35 / 11 %	0.93/23%	1.24 / 29 %	1.30 / 15 %	0.89 / 19 % 1 13 / 13 %	0.32/32%	1.21/7%	2.18/21%	20 CF / 8C C	0.50/6%	0.47 / 41 %	1.16/23%	0.95/20%	7.92/22%	2.70/34%	1.83/20%	2.03 / 16 %	1.97 / 15 %	1.93/31%	4.46/21%	0.69/18%	0.90 / 14 %	0.86 / 17 %	0.70 / 18 %	1.98 / 25 %	1.16/5%	4.25 / 13 %	1.60 / 15 %	7.14/3% 2.08/19%	1.02 / 5 %	2.86 / 7 %	1.69/3%	0.05/22 70 1.07/13 %	2.22 / 11 %	7.31/31%	1.80 / 45 %	1 23 / 4 %	2.71/50%	0.93/31%	0.85/33%	1.27 / 22 %	0.47/22%	1.12/21%	1.05 / 17 %	0.20 / 18 %	0.78/30%	1.75/8%	~ 11 / 71 /
1.01/24%	1.18/27%	0.707 - %	0.34 / - %	0.36/-%	2.67 / 3 %	2.34 / 44 %	0.96 / 12 %		0.77/3%	0.73/13%	3 10 / 30 %	0.57 / 10 %	2.65/3%	0.26 / 46 %	2.09 / - % 1 36 / - %	1.22 / - %	2.16 / 52 %	1.73/22%	2.88/-%	1.08/3%	1.25 / - %	0.88/-%	0.76/7%			1.00 / - %	1.14/30%	0.98 / - %	0.21 / 20 %	1.08/30%	2.08/76%	1.07 / 14 %	1.49/2%	1.3//4 %	0.05/0% 1.64/-%	1.21 / 16 %	1.68 / 1 %	1.25/5%	1.40 / 15 %	2.36/3%	0.67 / 1 %	0.89 / - %	1.20 / 10 %	0.41/3%	1.40/3%	1.22/41%	0.90/3%	0.68 / 34 %	0.80/2%	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
1.11 / 16 %	1.43/49%	1.19/1 %	0.72/22%	1.12/8% 1.50/15%	1.77 / 10 %	1.90 / 18 %	1.25/26% 0.41/11%	0.27/22%	0.94 / 13 %	1.54 / 41 %	1.00/10%	0.89/7%	1.04 / 6 %	1.09 / 21 %	0.82/43% 114/9%	3.39/5%	6.76/61%	1.54 / 6 %	2.40/12 %	1.97 / 12 %	3.12/31%	0.91/24%	052/6%	1.41/29%	0.88/39%	0.19/29%	0.09/0% 195/9%	1.12 / 14 %	2.18/39%	1.83 / 19 %	2.81/11% 2.16/5%	1.02 / 11 %	2.25 / 8 %	1.53/11%	0.90/6%	2.32 / 12 %	5.06 / 11 %	1.29/4%	1 12 / - %	9.75/21%	1.15 / 19 %	0.59/37%	1.11 / 18 % 0 85 / 10 %	0.27/4 %	0.59 / 5 %	1.29/7%	1.027/% 0.11/16%	0.94 / 28 %	1.14/6% 1.06/7%	~ ~ ~ ~ ~ ~
909 MADCAM1: (MADCAM-1) MUCOSAL ADDRESSIN CELL ADHESION MO 0.99 / 21 %	910 MADD: (MADD) MAP KINASE-ACTIVATING DEATH DOMAIN PROTEIN. 2.18/23 % 044 MMP: AMMP: MANOCYTE TO MACPOPHAGE PIEFEPENTIATION PROT 0.76/18/24	912 MRC1: (MRC1) MOROCOTIE TO MACROFITAGE DIFFERENTIATION FRO 0.707.19.% 912 MRC1: (MRC1) MACROPHAGE MANNOSE RECEPTOR PRECURSOR (11.137.11.%	913 PRG4: (PRG4) MEGAKARYOCYTE STIMULATING FACTOR (MSF) 2.36 / 11 %	914 MYD88: (MYD88) MYELOID DIFFEREN HATION PRIMARY RESPONSE 10:48 / 13 % 315 NHMA1: //NHMA1 OR NHMA1NI ICI FAR MITOTIC APPARATHS PROTEL1 81 / 19 %	316 ARHGEF1. (ARHGEF1 OR LSC OR LBCL2) RHO GUANINE NUCLEOTIC 1.80 / 15 %	917 PCTK2: (PCTK2) SERINE/THREONINE-PROTEIN KINASE PCTAIRE-2 (E 1:21 / 21 %	918 PD-L2: (PDL2) BU LYROPHILIN PRECURSOR B7-DC (PD-1-LIGAND 2 PL1.04 / 9 % 319 PLAS4: (PLAS4 OR PLASG) PROTFIN INHIBITOR OF ACTIVATED STAT F3 84 / 10 %	920 PIAS2: (PIAS2 OR PIASX OR PIAS-NY) PROTEIN INHIBITOR OF ACTIV. 0.53 / 12 %	921 PK428: (PK428 OR MRCK OR CDC42BPA) MYTONIC DYSTROPHY KIN. 1.05 / 19 %	922 PRKCZ: (PRKCZ OR PKC2) PROTEIN KINASE C, ZETA TYPE (EC 2.7.1.1.34 / 19 % 202 PRI PL/PRI PL/PROM ACTIM PROFEDINE OR (PRI PL)	923 PRER. (PRER) PROLACI IN RECEPTION PRECURSON (PRE-R). 0.397 11 % 321 PGS1: (PGS1 AP 1920 AP 1231 PEGUII ATAP AF A PRATEIN SIGNAL2 40 / 16 %	925 RGS14: (RGS14) REGULATOR OF G-PROTEIN SIGNALING 14 (RGS14) 0.45 / 4 %	926 RGS2: (RGS2 OR G0S8) REGULATOR OF G-PROTEIN SIGNALING 2 (F2.21 / 12 %	927 RGS3: (RGS3) REGULATOR OF G-PROTEIN SIGNALING 3 (RGS3) (RG 0.18 / 21 %	828 KGS4; (KGS4) REGULATOR OF G-PROTEIN SIGNALING 4 (RGS4) (RG 0.97731 % 329 RGNFF (RGNFF OR PHOIP2) RHO-INTFRACTING PROTFIN 2 (RHO-C 0 93717 %	930 PCGF3: (PCGF3 OR RNF3A OR RNF3) POLYCOMB GROUP RING FING 4.31 / 12 %	931 SAP30: (SAP30) HISTONE DEACETYLASE COMPLEX SUBUNIT SAP30 1.53 / 13 %	932 SELEL: (SELEL OR ESL-1) SELECTIN, ENDOTHELIAL CELL, LIGAND (E 2.98 / 17 % 333 SEMMAR: (SEMMAR OR CRAMM SEMMERICARI AR DRECHISSOR / ELIK 2 70 / 13 %	933 SEMARU. (SEMARU ON CUTUU) SEMAPTIONIN 4D FRECURSON (LEON 2.797 13 % 934 SEMAL: (SEMA7A OR SEMAL OR CD108) SEMAPHORIN 7A PRECURS 5.3777 %	935 SHIP: (INPP5D OR SHIP) SH2 CONTAINING INOSITOL-5-PHOSPHATA(1.29/13%	936 SKAT2: (SKAT2) ZINC FINGER PROTEIN SKAT2. (ZNF287) ZINC FINGE 1.17 / 13 %	937 SKIVZL: (SKIVZL OR SKIVZ OR SKIZW OR DDX13 OR W) HELICASE SK3.70 / 13 % 238 SLAM: /SLAM) SIGNALING LYMPHOCYTIC AGTIVATION MOLECULIE FIL1 AF 723 %	838 SP11 (SP1) TRANSCRIPTING LTMIPHOUT IN ACTIVATION MOLECULE PT1.037 22 % 939 SP11 (SP1) TRANSCRIPTION FACTOR SP1 (FRAGMENT) 0.357.31 %	940 SP3. (SP3) TRANSCRIPTION FACTOR SP3 (SPR-2) (FRAGMENT). 1.30 / 23 %	941 SPRY1: (SPRY1) SPROUTY HOMOLOG 1 (SPRY-1) (FRAGMENT). 0.95 / 15 %	942 STX3A_2: (STX3A OR STX3) SYNTAXIN 3. 5.6378 % 5.6378 % 5.6378 %	943 TAU: (TIRRSF13B UR TAU) TRANSMEMBRANE AUTVATUR AND UA 1.147 19 % 944 TTR9: (TIR9) TOTT-LIKE RECEPTOR 9	945 TM4SF1: (TM4SF1 OR TAAL6) TRANSMEMBRANE 4 SUPERFAMILY, M 1.11 / 10 %	946 TWSG1: (TWSG1 OR TSG) TWISTED GASTRULATION-LIKE PROTEIN 10.30 / 27 %	947 UBE2G1_1: (UBE2G1 OR UBE2G) UBIQUITIN-CONJUGATING ENZYME 1.11/22 %	948 VAV3: (VAV3) VAV-3 PRUTEIN. 949 YY1: (YY1) TRANSCRIPTIONAL REPRESSOR PROTEIN YY1 (YIN AND 1 06 / 10 %	950 ZIC3: (ZIC3) ZINC FINGER PROTEIN ZIC3 (ZINC FINGER PROTEIN OF 0.91 / 13 %	951 ZNEN1A1: (ZNEN1A1 OR IKAROS OR IK1 OR LYF1) DNA-BINDING PRC 1.46 / 24 %	952 SORBST: (SORBST OR KIAA1296 OR SH3D5) SORBIN AND SH3 DOMP 1.95 / 11 % 253 CR46 E Y40 44: (DTDRC OR CD46) EUKOCYTE COMMON INITICEN E 2 46 / 44 %	953 CD43_EAT0-11. (PTERC ON CD43) LEONOCTTE COMMON ANTIGEN F 3.19714 78 954 CD44 EX11-13 MOUSE: (CD44 OR LHR) CD44 ANTIGEN PRECURSOF 2.51726 %	955 CD44 EX12-14 MOUSE: (CD44 OR LHR) CD44 ANTIGEN PRECURSOF 1.19/27 %	956 CD44_EX7-9_MOUSE: (CD44 OR LHR) CD44 ANTIGEN PRECURSOR (F6:13 / 16 %	957 CD44_EX8-10_MOUSE: (CD44 OR LHR) CD44 ANTIGEN PRECURSOR 2.12/22 %	838 CU44_EA8-11_MOUSE. (CU44 OK LAR) CU44 AN IIGEN FRECURSOK 1.947 13 % 959 NOD?: (CARD15 OR NOD? OR IRD1) CASPASE RECRIJITMENT DOMA 1 31 / 20 %	960 TPARL: (TPARL) TRANSMEMBRANE PROTEIN PFT27 (TPA REGULATED 68 / 13 %	961 CALM2: (CALM2 OR CAM2 OR CAMB) CALMODULIN. 0.61 / 9%	962 BCL2L1_2: (BCL2L1 OR BLC2L OR BCLX) APOPTOSIS REGULATOR B11.17 / 32 %	963 BCL2L1_1: (BCL2L1 OR BLC2L OR BCLX) APOPTOSIS REGULATOR B(1.26 / 11 % 364 BIDC5_2: /BIDC5 OB AD1/ OD IAD4/ BACI II OVIDAL IAD BEDEAT-COND0 63 / 27 %	965 PRKCB 3: (PRKCB1 OR PRKCB OR PKCB) PROTEIN KINASE C. BETA 0.83 / 10 %	966 PRKCB_4: (PRKCB1 OR PRKCB OR PKCB) PROTEIN KINASE C, BETA 3.52 / 9 %	967 DAPK2: (DAPK2) DEATH-ASSOCIATED PROTEIN KINASE 2. 0.93 / 14 %	969 MAPZAS: (MAPZAS OK PRAMAS OK MARS OK MERS) DUAL SPECIFICI 1.39 / 14 % 969 MAPKAPK5: (MAPKAPK5) MITOGEN-ACTIVATED PROTEIN KINASE-AC 2.29 / 9 %	970 AATK: (AATK OR AATYK) APOPTOSIS-ASSOCIATED TYROSINE KINA£0.92/26 %	971 IRAK4: (IRAK4) INTERLEUKIN-1 RECEPTOR-ASSOCIATED KINASE 4 (10.91 / 8 % 323 MAD2K4: (MAD2K4 OD DDKMK4 OD MEK4) DI MI SPECIEICITY MITOG 4 12 / 13 %	

1039 ABIN-2: (ABIN-2) A20-BINDING INHIBITOR OF NF-KAPPAB ACTIVATION 0.70 / 11 % 0.92 / 21 % 0.81 / 1 9	% 0.91/6%
1040 APAF1: (APAF1 OR KIAA0413) APOPTOTIC PROTEASE ACTIVATING F 3.63 / 19 % 4.64 / 20 % 1.96 / 5 9	% 4.87/9%
1041 CASP9: (CASP9 OR MCH6) CASPASE-9 PRECURSOR (EC 3.4.22) (CA 0.28 / 15 % 1.78 / 70 % 0.53 / - 9	6 0.95 / 10 %
1042 TNFAIP3: (TNFAIP3 OR A20) TUMOR NECROSIS FACTOR, ALPHA-IND 0.75 / 14 % 0.66 / 6 % 0.78 / - 9	6 0.63/6%
1043 AKAP11_1: (AKAP11 OR AKAP220 OR KIAA0629) A-KINASE ANCHOR F 0.81 / 18 % 1.76 / 27 % 0.61 / - 9	6 1.32 / 15 %
1044 SRCAP: (SRCAP) TRANSCRIPTIONAL ACTIVATOR SRCAP (FLJ46149) 2.02 / 7 % 0.77 / 9 % 2.25 / 3 9	% 0.55 / 19 %
1045 TKT1: (TKT1 OR TKT) TRANSKETOLASE (EC 2.2.1.1) (TK). 0.73 / 10 % 0.65 / 8 % 0.63 / 4 9	% 0.77 / 12 %
1046 IKAP: (IKAP OR IKBKAP) IKB KINASE COMPLEX ASSOCIATED PROTE 2.39 / 31 % 1.77 / 24 % 1.38 / 21	% 2.59 / 10 %
1047 TNFRSF19L: (TNFRSF19L OR RELT) TUMOR NECROSIS FACTOR REC 0.36 / 15 % 2.23 / 7 %	1.56 / 13 %
1048 IRF1: (IRF1) INTERFERON REGULATORY FACTOR 1 (IRF-1). 0.72 / 21 % 2.93 / 8 % 1.57 / - 9	6 1.24 / 7 %
1049 TGFBR2: (TGFBR2) TGF-BETA RECEPTOR TYPE II PRECURSOR (EC : 2.92 / 29 % 0.58 / 10 % 0.92 / 17	% 1.35/1%
1050 KLF6: (COPEB OR KLF6 OR BCD1 OR CPBP) CORE PROMOTER ELEN 0.40 / 11 % 0.98 / 6 % 0.59 / 1 9	% 0.68 / 18 %
1051 FSTL1: (FSTL1 OR FRP) FOLLISTATIN-RELATED PROTEIN 1 PRECUR: 1.00 / 24 % 1.15 / 39 %	0.99 / 14 %
1052 FYCO1: (FYCO1) FYVE AND COILED-COIL DOMAIN CONTAINING 1 (2£ 3.64 / 12 % 0.94 / 7 % 4.31 / - 9	6 0.66 / 15 %
1053 KITLG: (KITLG OR MGF OR SCF) KIT LIGAND PRECURSOR (C-KIT LIG 1.09 / 15 % 1.27 / 14 % 1.40 / 2 9	% 0.96 / 15 %
1054 LSP1: (LSP1 OR WP34 OR S37 OR PP52) LYMPHOCYTE-SPECIFIC PR 1.00 / 19 % 1.01 / 6 % 0.88 / 1 9	% 1.29 / 16 %
1055 SELENBP2-SELENBP1: (SELENBP2 OR LPSB2) SELENIUM-BINDING P 1.71 / 8 %	4.08 / 33 %
1056 CLEC4A-DCIR2: ((CLEC4A OR CLECSF6 OR DCIR OR LLIR) AND (DCIF 0.71 / 11 % 1.56 / 87 % 0.73 / 7 9	% 0.91 / 5 %
1057 IDD: (IDD OR DGCR2 OR KIAA0163) INTEGRAL MEMBRANE PROTEIN 2.57 / 21 % 3.69 / 33 % 1.41 / 3 9	% 5.82 / 23 %
1058 BY55: (BY55) NATURAL KILLER CELL RECEPTOR BY55 PRECURSOR 0.85 / 12 % 0.74 / 37 % 0.72 / 14	% 0.85 / 13 %
1059 CBLN1: (CBLN1) CEREBELLIN PRECURSOR (PRECEREBELLIN). 1.21 / 18 %	1.08 / 13 %
1060 IL18BP: (IL18BP) INTERLEUKIN-18 BINDING PROTEIN PRECURSOR (II 5.83 / 38 % 1.93 / - %	3.42 / 13 %
1061 IL1RN: (IL1RN OR IL1RA) INTERLEUKIN-1 RECEPTOR ANTAGONIST P 1.09 / 73 % 1.13 / 40 % 0.75 / - 9	6 1.15 / 14 %
1062 IL21R: (IL21R OR NILR) INTERLEUKIN 21 RECEPTOR PRECURSOR (IL 0.12 / 12 % 9.63 / 49 % 0.34 / 5 %	% 1.92 / 39 %
1063 LITAF: (LITAF OR PIG7 OR 3222402J11RIK) LIPOPOLYSACCHARIDE-IN1.21/15 % 2.15/6 % 1.27/1 9	% 1.79 / 19 %
1064 MAPK8IP1: (MAPK8IP1 OR JIP1 OR IB1)C-JUN-AMINO-TERMINAL KINA 0.75 / 13 % 0.95 / 37 % 0.83 / - 9	6 1.05 / 12 %
1065 MAPK8IP2: (MAPK8IP2 OR JIP2 OR IB2) C-JUN-AMINO-TERMINAL KIN, 0.72 / 23 % 0.93 / 19 % 0.67 / 17	% 0.77/33%
1066 TNFAIP2: (TNFAIP2) TUMOR NECROSIS FACTOR, ALPHA-INDUCED P 0.84 / 31 % 0.84 / 19 % 0.93 / - 9	6 0.84 / 31 %
1067 EDEM1: (EDEM1 OR EDEM OR KIAA0212) ER DEGRADATION-ENHAN( 16.53 / 104 %6.80 / 46 % 2.98 / - %	6.79 / 18 %
1068 TANK_1: (TANK OR ITRAF) TRAF FAMILY MEMBER-ASSOCIATED NF-I 1.13 / 17 % 0.77 / 20 % 0.83 / - 9	6 1.00 / 12 %
1069 TLR3: (TLR3) TOLL-LIKE RECEPTOR 3. 0.86 / 17 % 0.94 / 10 % 0.93 / - 9	6 0.82 / 16 %
1070 IL1RL1_1: (IL1RL1 OR ST2 OR STE2 OR LY84 OR DER4 OR T1) INTERI 1.45 / 9 %	

Sorted Sca-1<sup>-</sup> PDCs and Sca-1<sup>+</sup> PDCs we hybridized on a PIQOR mouse immunology chip. A value below "1" demonstrates an over-representation of the mRNA transcript in Sca-1<sup>-</sup> PDCs. A value over "1" indicates a predominant transcription in Sca-1<sup>+</sup> PDCs. Values represent mean regulation of four replicates on different positions of the array. Standard error is given in parenthesis.

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#### 9. PUBLICATIONS, POSTERS, AND ABSTRACTS

#### 9.1 Publications in peer-reviewed journals:

#### Immunity. 2004 Jul;21(1):107-19.

## TLR9-dependent recognition of MCMV by IPC and DC generates coordinated cytokine responses that activate antiviral NK cell function.

Krug A<sup>1</sup>, French AR<sup>2</sup>, Barchet W<sup>1</sup>, Fischer JA<sup>5</sup>, Dzionek A<sup>5</sup>, Pingel JT<sup>3</sup>, Orihuela MM<sup>3</sup>, Akira S<sup>4</sup>, Yokoyama WM<sup>3</sup>, Colonna M<sup>1</sup>.

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Natural interferon-producing cells (IPC) respond to viruses by secreting type I interferon (IFN) and interleukin-12 (IL-12). Toll-like receptor (TLR) 9 mediates IPC recognition of some of these viruses in vitro. However, whether TLR9induced activation of IPC is necessary for an effective antiviral response in vivo is not clear. Here, we demonstrate that IPC and dendritic cells (DC) recognize murine cytomegalovirus (MCMV) through TLR9. TLR9-mediated cytokine secretion promotes viral clearance by NK cells that express the MCMV-specific receptor Ly49H. Although depletion of IPC leads to a drastic reduction of the IFN-alpha response, this allows other cell types to secrete IL-12, ensuring normal IFN-gamma and NK cell responses to MCMV. We conclude that the TLR9/MyD88 pathway mediates antiviral cytokine responses by IPC, DC, and possibly other cell types, which are coordinated to promote effective NK cell function and MCMV clearance.

#### Eur J Immunol. 2005 Jan;35(1):236-42.

#### Dendritic cells respond to influenza virus through TLR7- and PKR-independent pathways.

Barchet W<sup>1</sup>, Krug A<sup>1</sup>, Cella M<sup>1</sup>, Newby C, Fischer JA<sup>3</sup>, Dzionek A<sup>3</sup>, Pekosz A<sup>1,2</sup>, Colonna M<sup>1</sup>.

<sup>1</sup>Department of Pathology and Immunology, Washington University School of Medicine, St. Louis, Missouri, USA, <sup>2</sup>Department of Microbiology, Washington University School of Medicine, St. Louis, Missouri, USA, <sup>3</sup>Miltenyi Biotec, Bergisch Gladbach, Germany

Natural interferon-producing cells (IPC) secrete type I IFN (IFN-alpha and -beta) in response to influenza virus. This process is independent of viral replication and is mediated by Toll-like receptor 7 (TLR7), which recognizes singlestranded RNA (ssRNA). DC also express TLR7 but its function in DC response to influenza virus is unknown. To address this, we compared the DC and IPC responses to influenza virus and ssRNA oligoribonucleotides (ORN) that activate TLR7. When stimulated by ORN in vitro and in vivo, DC matured and produced inflammatory cytokines but not IFN-alpha. DC did secrete IFN-alpha in response to influenza virus. However, this response was independent of TLR7 signaling and required viral replication but not dsRNA-activated protein kinase (PKR). We conclude that DC and IPC are hard-wired to secrete IFN-alpha via different pathways, reflecting their complementary but distinct roles in anti-viral immunity.

#### J Exp Med. 2007 Apr 16;204(4):893-906.

## NK cell activation in visceral leishmaniasis requires TLR9, myeloid DCs, and IL-12, but is independent of plasmacytoid DCs.

Ulrike Schleicher<sup>1,2</sup>, Jan Liese<sup>1</sup>, Ilka Knippertz<sup>2</sup>, Claudia Kurzmann<sup>1</sup>, Andrea Hesse<sup>1,2</sup>, Antje Heit<sup>3</sup>, Jens A. A. Fischer<sup>4</sup>, Siegfried Weiss<sup>5</sup>, Ulrich Kalinke<sup>6</sup>, Stefanie Kunz<sup>1</sup>, and Christian Bogdan<sup>1,2</sup>

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Natural killer (NK) cells are sentinel components of the innate response to pathogens, but the cell types, pathogen recognition receptors, and cytokines required for their activation in vivo are poorly defined. Here, we investigated the role of plasmacytoid dendritic cells (pDCs), myeloid DCs (mDCs), Toll-like receptors (TLRs), and of NK cell stimulatory cytokines for the induction of an NK cell response to the protozoan parasite Leishmania infantum. In vitro, pDCs did not endocytose Leishmania promastigotes but nevertheless released interferon (IFN)-alpha/beta and interleukin (IL)-12 in a TLR9-dependent manner. mDCs rapidly internalized Leishmania and, in the presence of TLR9, produced IL-12, but not IFN-alpha/beta. Depletion of pDCs did not impair the activation of NK cells in L. infantum-infected mice. In contrast, L. infantum-induced NK cell cytotoxicity and IFN-gamma production were abolished in

mDC-depleted mice. The same phenotype was observed in TLR9(-/-) mice, which lacked IL-12 expression by mDCs, and in IL-12(-/-) mice, whereas IFN-alpha/beta receptor(-/-) mice showed only a minor reduction of NK cell IFN-gamma expression. This study provides the first direct evidence that mDCs are essential for eliciting NK cell cytotoxicity and IFN-gamma release in vivo and demonstrates that TLR9, mDCs, and IL-12 are functionally linked to the activation of NK cells in visceral leishmaniasis.

#### J Exp Med. 2007 Aug 6;204(8):1923-33.

#### Organ-dependent in vivo priming of naive CD4+, but not CD8+, T cells by plasmacytoid dendritic cells.

Anita Sapoznikov<sup>1</sup>, Jens A. A. Fischer<sup>2</sup>, Tami Zaft<sup>1</sup>, Rita Krauthgamer<sup>1</sup>, Andrzej Dzionek<sup>2</sup>, and Steffen Jung<sup>1</sup> <sup>1</sup>Department of Immunology, The Weizmann Institute of Science, 76100 Rehovot, Israel, <sup>2</sup>Miltenyi Biotec GmbH, 51429 Bergisch Gladbach, Germany Plasmacytoid dendritic cells (PDCs) play a pivotal role as cytokine-secreting accessory cells in the antimicrobial immune defense. In contrast, the capacity of PDCs to act as antigen-presenting cells in naive T cell priming remains unclear. By studying T cell responses in mice that lack conventional DCs (cDCs), and by the use of a PDC-specific antigen-targeting strategy, we show that PDCs can initiate productive naive CD4(+) T cell responses in lymph nodes, but not in the spleen. PDC-triggered CD4(+) T cell responses differed from cDC-driven responses in that they were not associated with concomitant CD8(+) T cell priming. Our results establish PDCs as a bona fide DC subset that initiates unique CD4(+) Th cell-dominated primary immune responses.

#### Cutting Edge: The Journal of Immunology. May 2008; 180: 6457 - 6461

## CNS Plasmacytoid Dendritic Cells Regulate the Severity of Relapsing Experimental Autoimmune Encephalomyelitis

Samantha L. Bailey-Bucktrout<sup>1</sup>, Sarah C. Caulkins<sup>1</sup>, Gwendolyn Goings<sup>1</sup>, Jens A. A. Fischer<sup>2</sup>, Andrzej Dzionek<sup>2</sup>, and Stephen D. Miller<sup>1</sup>

<sup>1</sup>Department of Microbiology-Immunology and the Interdepartmental Immunobiology Center, Feinberg School of Medicine, Northwestern University, Chicago, IL 60611 USA, <sup>2</sup>Miltenyi Biotec GmbH, 51429 Bergisch Gladbach, Germany.

Plasmacytoid dendritic cells (pDC) have both stimulatory and regulatory effects on T cells. pDCs are a major CNSinfiltrating DC population during experimental autoimmune encephalomyelitis (EAE), but unlike myeloid DCs (mDC) have a minor role in T cell activation and epitope spreading. We show that depletion of pDCs during either the acute or relapse phases of EAE resulted in exacerbation of disease severity. pDC depletion significantly enhanced CNS but not peripheral CD4<sup>+</sup> T cell activation, as well as IL-17 and IFN- $\gamma$  production. Moreover, CNS pDCs suppressed CNS mDC-driven production of IL-17, IFN- $\gamma$  and IL-10 in an IDO-independent manner. The data demonstrate that pDCs play a critical regulatory role in negatively regulating pathogenic CNS CD4<sup>+</sup> T cell responses highlighting a new role for pDCs in inflammatory autoimmune disease.

#### 9.2 Publications in submission/preparation:

Manuscript in submission:

## Heterogeneous Sca-1 expression on murine plasmacytoid dendritic cells defines developmental and functional differences

Jens A. A. Fischer, Jürgen Schmitz, and Andrzej Dzionek

#### Manuscript in preparation:

Identification and functional characterization of mPDCA-1 as a novel antigen-uptake receptor for murine PDCs enabling (cross-) priming of naïve CD4+ and CD8+ T cells.

Jens A. A. Fischer, Jürgen Schmitz, and Andrzej Dzionek

#### 9.3 Posters & Abstracts:

Joint Annual Meeting of Immunology of the Austrian and German Societies, September 3-6, 2008, Vienna, Austria

### **Cross-priming capacity of activated and mPDCA-1-targeted Plasmacytoid Dendritic cells (#2008-A-488-OEGAI)** Jens A. A. Fischer<sup>1 2</sup>, Sonja Schmucker<sup>1 3</sup>, Stefan A. Kaden<sup>1</sup>, Tobias Voelkel<sup>1</sup>, Jürgen Schmitz<sup>1</sup>, and Andrzej

Jens A. A. Fischer<sup>\*</sup>, Sonja Schmucker<sup>\*</sup>, Stefan A. Kaden<sup>\*</sup>, Tobias Voeikei<sup>\*</sup>, Jurgen Schmitz<sup>\*</sup>, and Andrzej Dzionek<sup>1</sup>

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Plasmacytoid Dendritic cells (PDCs) are a distinct subset of dendritic cells and have a central role as sentinels for pathogens. PDCs produce large amounts of interferons upon microbial stimulation and are believed to link innate and adaptive immune responses. However, their exact function as antigen-presenting cells for the initiation of adaptive immune responses is controversially discussed and it remains unclear whether PDC are in fact able to prime naïve T cells. In this study we investigated the function of the recently described PDC-specific receptor mPDCA-1. Cross-linking of mPDCA-1 resulted in a rapid internalization. Targeting of PDCs with OVA-conjugated anti-mPDCA-1 mAb, but not with an equivalent amount of soluble OVA or OVA conjugated to isotype control antibody, resulted in strong proliferation of OVA-specific naïve CD4<sup>+</sup> T cells. PDCs were also able to cross-present mPDCA-1-targeted OVA protein to naïve CD8<sup>+</sup> T cells. Blocking the receptor with excess of unconjugated anti-mPDCA-1 mAb inhibited priming of CD4<sup>+</sup> and CD8<sup>+</sup> T cells. Interestingly, processing and presentation of antigens taken up via mPDCA-1 was strongly dependent on stimulation, since only activated but not immature PDC were able to prime naïve antigen-specific T cells. In contrast, antigen uptake was independent on activation as unstimulated PDC also internalized the mAb-receptor-complex. Our results demonstrate that PDCs take up and process antigens, delivering its ligands for MHC-II and MHC-II presentation and thus combine innate and adaptive functions.

#### 2eme Journee Scientifique Miltenyi Biotec - Cancer Immunotherapy, July 2008 in Paris, France

## Biological functions of plasmacytoid dendritic cells: Antigen-specific activation of T cells versus production of type I interferon.

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Plasmacytoid dendritic cells (PDC) also referred to as type I interferon producing cells (IPC) are believed to act as a link between innate and adaptive immunity by producing type I interferon, and subsequently triggering adaptive T cell mediated immunity by differentiating into mature DC. However, it remains controversial to which degree PDC play a direct role as APC in the activation of naïve and memory CD4+ and CD8+ T cells and to which degree APC functions and production of type I interferon are directly linked.

To analyze whether human and mouse PDC can act as APC, we decided to adopt a strategy involving antibody mediated targeting of antigen to PDC-specific receptors: BDCA-2 (CD303) for human PDC and mPDCA-1 (BST-2, CD317) for murine PDC. Independent on Toll-like receptor (TLR) ligand stimulation antigen is rapidly endocytosed by these receptors and traffics via early sorting endosomes to emerging MHC-enriched compartments (MIIC). In vitro restimulation of human CMV-specific CD4+ effector memory T cells and in vitro priming of murine naïve ovalbumin (OVA)-specific T-cell receptor transgenic CD4+ and CD8+ T cells, however, are dependent on appropriate TLR ligand stimulation of PDC.

Most interestingly, at least in human PDC processing and presentation of CMV antigen and production of type I interferon are mutually exclusively induced by distinct CpG oligonucleotides. Type B CpG oligonucleotide (CpG-B)-stimulated PDC efficiently process and present CMV antigen and are thus capable of stimulating CMV-specific CD4+ effector memory T cells. CpG-A stimulated PDC produce large amounts of type I interferon and express programmed death-1 ligand 1 (PD-1L), a molecule which is known to inhibit T cell activation via PD-1 ligation. CpG-A plus CpG-B co-stimulated PDC behave like CpG-B stimulated PDC, indicating that CpG-B induction of antigen processing and presentation in PDC concurrently inhibits type I interferon production.

Our results suggest that innate and adaptive immunity are not linked at the level of individual PDC which first produce type I interferon and then differentiate in mature DC, but rather at the population level, where depending on the stimulation received, individual PDC either contribute to the innate response by production of IFN-alpha or to the

adaptive response by antigen presentation and stimulation of T cells.

## Experimental Biology 2008 in combination with AAI 2008, San Diego, USA (The FASEB Journal. 2008;22:1068.23)

#### Plasmacytoid Dendritic cells prime naïve CD4+ and CD8+ T cells after antigen uptake via mPDCA-1

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Plasmacytoid Dendritic cells (PDC) produce large amounts of IFN upon microbial stimulation and are believed to link innate and adaptive immune responses. However, it remains controversial whether PDC are in fact able to prime naïve T cells. Here we investigated the function of the recently described PDC-specific receptor mPDCA-1. Ligation of mPDCA-1 with specific mAb resulted in a rapid internalization of the complex. Targeting of PDC with OVA-conjugated anti-mPDCA-1 mAb, but not with an equivalent amount of soluble OVA or OVA conjugated to isotype control antibody, resulted in strong proliferation of OVA-specific naïve CD4+ T cells. The same was also observed for OVA-specific naïve CD8+ T cells. Blocking the receptor with excess of unconjugated anti-mPDCA-1 mAb inhibited priming of CD4+ and CD8+ T cells. These results indicate that mPDCA-1 may serve as an antigen uptake receptor delivering its ligands for MHC-I and MHC-II presentation. Interestingly, processing and presentation of antigens taken up via mPDCA-1 was strongly dependent on stimulation, since only activated but not immature PDC were able to prime naïve antigen-specific T cells. In contrast, antigen uptake was independent on activation as unstimulated PDC also internalized the mAb-receptor complex. Our results demonstrate that PDC take up and process antigen for efficient priming of CD4+ and CD8+ T cells and thus combine innate and adaptive function.

DC2007 (Dendritic Cell Vaccination and other Strategies to tip the Balance of the Immune System), 2007 in Bamberg, Germany

Highly efficient antigen targeting to murine plasmacytoid dendritic cells (PDC) using mPDCA-1-specific antibody conjugates: PDC activation dependent priming of naive CD4+ T cells

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PDC represent a distinct subset of dendritic cells characterised by their plasmacytoid morphology and the ability to produce large amounts of IFN-alpha in response to viruses and microbial compounds. It is still controversial to which degree PDC are capable of taking up exogenous antigens and play a role in priming of naïve T cells.

Here we investigated the function of the recently described PDC marker mPDCA-1 as an antigen-uptake receptor. Using a monoclonal antibody (mAb) against mPDCA-1 we were able to specifically target PDC both in vivo and in vitro. Ligation of mPDCA-1 leads to a rapid internalisation of the antibody-receptor complex, indicating that mPDCA-1 might serve as a PDC-specific antigen-uptake receptor. Furthermore, targeting PDC with OVA-conjugated anti-mPDCA-1 mAb, but not with an equivalent amount of soluble OVA, or OVA conjugated to an isotype control mAb resulted in efficient proliferation of naive OVA-specific CD4+ T cell receptor transgenic T cells in vitro. However, this was clearly dependent on CpG oligonucleotide activation of PDC, since non-activated PDC were not able to prime OVA-specific T cells. Our results indicate that efficient processing and presentation of antigen by PDC for stimulation of naïve CD4+ T cells requires appropriate PDC stimulation. Currently we investigate, whether PDC may further contribute to adaptive immunity by cross-presenting antigens taken up via mPDCA-1 to naïve CD8+ T cell receptor transgenic T cells.

#### International Symposium of Dendritic Cells, 2006 in Edinburgh, UK

## Murine Plasmacytoid Dendritic Cells: Heterogeneous Expression Of Sca-1 Characterises Functional Differences

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Murine plasmacytoid dendritic cells (PDC) represent a distinct leukocyte population capable of secreting large amounts of type I interferon in response to microbial stimuli. In lymphoid organs all PDC show a homogenous expression profile for following markers: B220<sup>+</sup>, Ly-6C<sup>+</sup>, CD11c<sup>int</sup>, mPDCA-1<sup>+</sup>, CD3<sup>-</sup>, CD4<sup>+/-</sup>, CD8a<sup>-</sup>, CD11b<sup>-</sup>, CD19<sup>-</sup>,

CD49b<sup>-</sup>, CD123<sup>-</sup>, CD40<sup>-</sup>, CD80<sup>low</sup>, and CD86<sup>-</sup>, and MHC-II<sup>+</sup>. Here we demonstrate differential expression levels of the stem cell antigen 1 (Sca-1) on PDC from different organs. In bone marrow (BM) and blood only 15-20% of PDC express Sca-1. In contrast, about 35% of liver PDC and about 50% of splenic PDC are positive for Sca-1. In lymph nodes (LN) up to 80% of PDC are positive for Sca-1. Phenotyping study of both, Sca-1<sup>+</sup> and Sca-1<sup>-</sup> PDC in BALB/c mice revealed no significant differences between the subsets in expression level of any surface marker tested. The expression of Sca-1 on Sca-1<sup>-</sup> PDC from BM and spleen was up-regulated after the culture and could be further increased, when stimulated with CpG. Interestingly, when stimulated with the TLR7 ligand Loxoribine the activation-dependent up-regulation of Sca-1 was decelerated. Furthermore, CpG induced IFNa production correlated inversely with the expression level of Sca-1 as we could show by intracellular staining. Analysing the total amount of IFNa in culture supernatants, Sca-1<sup>-</sup> PDC produced strongly elevated IFNa levels compared to Sca-1 positive PDC. These results correlate with further data showing higher IFNa production of BM-PDC (mainly Sca-1<sup>-</sup>) compared to LN-PDC (predominantly Sca-1<sup>+</sup>). Additionally, bromodeoxyuridine labeling in vivo demonstrate that the Sca-1<sup>-</sup> population appeared earlier in the development of PDC. On the basis of the shown association of Sca-1 expression with the development stage and Interferon production capacity, we are currently investigating further functional aspects of the differential Sca-1 expression on PDC.

#### ECI, 2006 in Paris, France

Murine Plasmacytoid Dendritic Cells: Differential expression of Sca-1 (Ly-6A/E) in spleen defines two subsets Fischer J. A. A., Janz, M., Schmitz J. and Dzionek A.

Miltenyi Biotec GmbH, Bergisch Gladbach, Germany

Murine Plasmacytoid dendritic cells (PDC) represent a distinct leukocyte population capable of secreting large amounts of type I interferon in response to viruses and bacteria and are defined by an unique phenotype: B220<sup>+</sup>, Ly-6C<sup>+</sup>, CD11c<sup>int</sup>. In lymphoid organs the mPDCA-1 antigen is specifically expressed on cells which are CD11c<sup>int</sup>, B220, Ly-6C<sup>+</sup>, CD3<sup>-</sup>, CD4<sup>+</sup>, CD8a<sup>dim</sup>, CD11b<sup>-</sup>, CD19<sup>-</sup>, CD49b<sup>-</sup>, CD90<sup>-</sup>, CD123<sup>-</sup>, CD40<sup>-</sup>, CD80<sup>low</sup>, and CD86<sup>-</sup>, and therefore phenotypically identical to PDC.

Here we demonstrate differential expression levels of the stem cell antigen 1 (Sca-1 [Ly-6A/E]) on PDC from different organs. In bone marrow (BM) and peripheral blood the Sca-1 expression on PDC is very low: only 15-20% express the marker. In contrast, about 35% liver PDC and 45-55% of splenic PDC are positive for Sca-1. In lymph nodes (LN) the majority (up to 80%) of PDC are positive for Sca-1. Analysing splenic PDC of several mouse strains, the Sca-1 expression is not uniform: C57BL/6, Sv129, and CD1 mice show predominantly Sca-1<sup>+</sup> PDC, whereas BALB/c and FVB mice show heterogeneous Sca-1 expression, and the majority of DBA/1 PDC are Sca-1. Phenotyping both PDC subsets of BALB/c mice, we observe no difference for all cell surface markers tested. After culture of Sca-1<sup>+</sup> and Sca-1<sup>°</sup> PDC, we detect an upregulation of Sca-1 on primary Sca-1<sup>°</sup> mPDC. After CpG-stimulation PDC become Sca-1<sup>+</sup>. In vivo activation with CpG ODN also enhances Sca-1 expression on PDC both in BM and spleen, whereas ligation of mPDCA-1 has no effect on Sca-1 or co-stimulatory/-inhibitory molecule expression. To show IFNa production depending on the Sca-1 change, we performed intracellular IFNa stainings by FACS analysis as well as IFNa ELISA. Our results show that the percentage of IFNα producers is much higher in *ex vivo* Sca-1<sup>-</sup> PDC compared to Sca-1<sup>+</sup> PDC. Analysing the total amount of IFNa, Sca-1<sup>-</sup> PDC also produce strongly elevated IFNa levels. These results support previous data when we compared the IFNα production of PDC from both LN and BM. Hypothesising that the upregulation of Sca-1 correlates with the maturation or activation status of PDC, we are currently investigating the biological function of the differential Sca-1 expression on both PDC subpopulations.

#### AAI, 2006 in Boston, USA

#### Differential Expression Of Sca-1 Defines Two Subsets Of Murine Plasmacytoid Dendritic Cells in Spleen

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Murine Plasmacytoid dendritic cells (PDC) represent a distinct leukocyte population capable of secreting large amounts of type I interferon in response to viruses and bacteria and are defined by a unique phenotype: B220<sup>+</sup>, Ly-6C<sup>+</sup>, CD11c<sup>int</sup>.

We have generated a panel of monoclonal antibodies that all identify a single, presumably novel antigen, which we have termed Murine Plasmacytoid Dendritic Cell Antigen 1 (mPDCA-1). In lymphoid organs as well as in peripheral blood, liver, and lung mPDCA-1 is exclusively expressed on cells, which are CD11c<sup>int</sup>, B220, Ly-6C<sup>high</sup>, CD3<sup>-</sup>, CD4<sup>+</sup>, CD8a<sup>dim</sup>, CD11b<sup>-</sup>, CD19<sup>-</sup>, CD49b<sup>-</sup> (DX-5), CD90<sup>-</sup> (Th-1.2), CD123, CD40<sup>-</sup>, CD80<sup>low</sup>, and CD86<sup>-</sup>, and therefore phenotypically identical to PDC.

In past, PDC were described as a homogenous population. Now we demonstrated differential expression levels of the stem cell antigen 1 (Sca-1) in mPDC. In bone marrow (BM) and peripheral blood the Sca-1 expression on PDC is very low: only 15% express the marker. In contrast, about 40-50% of splenic PDC are positive for Sca-1. This expression can be enhanced following *in vivo* activation with CpG ODN both in BM and spleen.

Recently Ly-49Q has been described as a development marker for PDC in BM. It was shown that Ly-49Q and MHC-II were heterogeneously expressed on PDC in BM. Nevertheless in spleen only a homogenous Ly-49Q<sup>+</sup> MHC-II<sup>+</sup> PDC fraction could be detected. Therefore Sca-1 is an appropriate marker discriminating PDC subsets in spleen. Gating on mPDCA-1<sup>+</sup> cells we found MHC-II<sup>+</sup> Ly-49Q<sup>+</sup> Sca-1<sup>+</sup> as well as MHC-II<sup>+</sup> Ly-49Q<sup>+</sup> Sca-1<sup>-</sup> mPDC in spleen.

Functional differences between both splenic mPDC subpopulations are currently under investigation.

## Australian Society of Immunology: The 8th HLDA Workshop & Conference, December 12-16, 2004, Adelaide, Australia

mPDCA-1: A Presumably Novel Antigen Exclusively Expressed by Murine Plasmacytoid Dendritic Cells Talk presented by Dr. Jürgen Schmitz, Miltenyi Biotec

#### International Symposium of Dendritic Cells, 2004 in Brugge, Belgium

## mPDCA-1: A presumably novel antigen exclusively expressed by murine plasmacytoid dendritic cells (mPDC)

Fischer J. A. A., Schmitz J. and Dzionek A.

Miltenyi Biotec GmbH, Bergisch Gladbach, Germany

PDC represent a unique leukocyte population capable of secreting large amounts of type I interferon (IFN) in response to viruses and bacteria. In humans, PDC have been shown to specifically express BDCA-2 and BDCA-4, but in mouse, no such specific markers are available to date. Instead, mPDC are typically identified in lymphoid organs as CD45R<sup>+</sup> (B220<sup>+</sup>), Ly-6C<sup>+</sup>, CD11c<sup>int</sup>, CD8alpha<sup>+/-</sup>, CD11b<sup>-</sup> cells.

We have generated a panel of mAb that all identify a single, presumably novel antigen, which we have termed mPDC antigen-1 (mPDCA-1). In lymphoid organs, mPDCA-1 is exclusively present on cells, which are CD11c<sup>int</sup>, CD45R<sup>+</sup> (B220), Ly-6C<sup>high</sup>, Gr-1<sup>int</sup> (Ly-6C/G), CD3<sup>-</sup>, CD8a<sup>dim</sup>, CD11b<sup>-</sup>, CD19<sup>-</sup>, CD49b<sup>-</sup> (DX-5), CD90<sup>-</sup> (Th-1.2), MHC-II<sup>int</sup>, CD40<sup>-</sup>, CD80<sup>dim</sup> and CD86<sup>-</sup>, and therefore phenotypically identical to mPDC. In fact, multi-color-staining reveals, that all CD11c<sup>int</sup>, CD45R<sup>+</sup> (B220), Ly-6C<sup>high</sup> mPDC are mPDCA-1<sup>+</sup> and that there are no other mPDCA-1<sup>+</sup> cells present in lymphoid organs apart from mPDCA-1<sup>+</sup> mPDC. mPDCA-1 is also expressed on mPDC generated from bone marrow-derived hematopoietic progenitors in Flt-3 Ligand/thrombopoietin (TPO) cultures. B cells as well as other types of DC may transiently express mPDCA-1 after *in vitro* stimulation with IFN-alpha. Anti-mPDCA-1 mAb-labeling of mPDC results in signal transduction as is evident by an increase in overall protein-tyrosine phosphorylation. Furthermore, injection of anti-mPDCA-1 mAb (rat IgG<sub>2b</sub>/kappa; 200-500 µg/ml intraperitoneally) almost completely depletes mPDC *in vivo* (more than 80% are depleted within 24h in spleen, bone marrow and lymph nodes), indicating that mPDCA-1 is not only useful for single-color identification of mPDC by flow cytometry, but also of great value for elucidating the *in vivo* role of mPDC. Disclosure of the molecular nature of mPDCA-1 is currently underway.

#### FOCIS/IIC, 2004 in Montreal, Canada

A panel of new monoclonal antibodies with specificity for mouse plasmacytoid dendritic cell antigen-1 (mPDCA-1), a presumably novel antigen exclusively expressed by murine plasmacytoid dendritic cells Jens Fischer, Jürgen Schmitz, and Andrzej Dzionek

Miltenyi Biotec, Bergisch Gladbach, Germany

The immunophenotype of murine PDCs has been reported in several studies. Murine PDC are CD45R<sup>+</sup> (B220<sup>+</sup>), Ly6C<sup>+</sup>, CD11c<sup>+</sup>, CD8 alpha<sup>+/-</sup>, CD3<sup>-</sup>, Thy-1.2<sup>-</sup>, CD49b<sup>-</sup> (DX-5<sup>-</sup>), CD11b<sup>-</sup>, CD19<sup>-</sup>. We have generated a panel of monoclonal antibodies (mAb) that all identify a single presumably novel antigen, mPDCA-1, which in murine spleen, bone marrow and lymph nodes is exclusively present on these cells. Anti PDCA-1 mAb-labeling of PDCs results in signal transduction as is evident by an increase in overall protein-tyrosine phosphorylation. Furthermore, *in vivo* administration of anti PDCA-1 mAb causes depletion of PDC. Disclosure of the molecular nature of PDCA-1 is currently underway.

#### **10. ACKNOWLEDGEMENTS**

I would like to express my gratitude to my supervisor, Prof. Dr. Manolis Pasparakis for the supervision of my PhD project and his kind and helpful advice.

I am also very grateful to Professor Dr. Dagmar Knebel-Mörsdorf for her supervision of this PhD thesis.

I would like to thank Dr. Jürgen Schmitz for initiating this project and the opportunity to perform my doctoral thesis at Miltenyi Biotec GmbH. I am very grateful to my internal supervisor at Miltenyi, Dr. Andrzej Dzionek, for being such a competent, accurate and demanding supervisor, for his critical comments, useful advice and the continuous support.

My gratitude goes to my - former and present - colleagues and dear teammates for their constant encourage and motivation, for perpetual optimism, for the exciting and helpful scientific discussions. In particular, I am deeply indebted to (Drs) Tobias Voelkel, Jürgen Röck, Stefan A. Kaden, Sonja S. Schmucker, Björn Kolbe, Alexandra Hoch, Jeannette M. Möbius, Olaf T. Hardt, Peter S. Jähn, and Stefanie Kurig. I appreciate your friendship and encouragement that helped to finish this dissertation!

At Miltenyi I appreciated the warm welcome, helpful assistance, and great teamwork and I would like to mention all the energetic people from the R&D department and especially Monika Janz, Jörg Eilers, Katrin Vasters, Christoph " $\pi$ " Piechaczek, Gregor Winkels, Frank N. Single, Michael Birth, Andreas Bosio, Michaela Niemöller, Anna Förster, and Anne Richter. I thank, Olaf Brauns for peptide synthesis, and also Gerd Großhauser, Dirk Dittrich, and Bernhard Gerstmeyer from the MACS molecular business unit for their help my during all my microarray experiments and for bioinformatical support.

I especially thank my collaborators Anne Krug, Winfried Barchet, and especially Marco Colonna for the initiation of fruitful collaborations between Miltenyi and the Development of Pathology and Immunology, Washington University School of Medicine, St. Louis, USA. Furthermore, I am very grateful to Ulrike Schleicher from the Institute of Medical Microbiology and Hygiene, University of Freiburg, for the prosperous co-operation about PDC-NK cell interactions. I thank Anita Sapoznikov and Steffen Jung, Department of Immunology, Weizmann Institute of Science, Rehovot, Israel, for the close and long standing collaboration and for finally revealing the priming capacity of murine PDCs. I would like to thank Samantha Bailey-Bucktrout and Steve Miller from the Department of Microbiology-Immunology, Feinberg School of Medicine, Northwestern University, Chicago, USA, for outstanding experimental collaboration about the regulatory role of PDCs in EAE. My thanks go Christoph Göttlinger from the University of Cologne for countless hours of FACS sorting. In addition, I would like to thank Dennis Kirchhof, Sascha Rutz and in particular Dr. Alexander Scheffold for the opportunity to stay in his laboratory at the DRFZ, Berlin. I also thank PD Dr. Stefan Arnold, Institute I for Anatomy, University Hospital of Cologne, and Lars Ohl, Institute of Immunology, Hannover Medical School, Hannover, for assistance and generation of cryosections. I would like to thank Sven Burgdorf (Institute of Molecular Medicine and Experimental Immunology, Bonn), Sandra Gerecht, Sandra Balkow and Professor Stephan Grabbe (Institute of Immunology and Hautklinik des Universitätsklinikums, Johannes Gutenberg Universität Mainz) for transgenic mice and first insights into T cell interaction. I would empathize the current and ongoing collaborations with Ahmed Hegazy and Professor Max Löhning (Experimentelle Immunologie, Charite

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Berlin) and Dr. Andreas Bergthaler, Department of Pathology and Immunology, University of Geneva, Switzerland, as well as Professor Dr. Ari Waisman (I. Medizinische Klinik und Poliklinik, Johannes Gutenberg-Universität Mainz) who introduced me first into the field of immunology.

At last but not no less intensively I would like to thank everybody who encouraged me; notably my friends and in particular my family. Without these people this work couldn't have been done, and I am very grateful for their trust and continuous support as well as the never-ending interest, solicitousness, and love.

Finally, there is one person whom I owe most gratitude: Virginia, thanks for all your love, consolation, patience, encouragement, and support during this stage of my life. I am looking forward to our life after this PhD thesis.

Ich danke von Herzen allen, die mich unterstützt und ermutigt haben, vor allem meinen besten Freunden sowie meiner Familie, insbesondere meinen Eltern, meinen Großeltern und Geschwistern Kristiane und Hendrik. Ohne diese Menschen würde mein Leben sicher ganz anders ausschauen und ich danke Euch für Euer Vertrauen und immerwährende Unterstützung sowie Euer fortwährendes Interesse!

Zum Abschluß möchte ich dem wichtigsten Menschen danken und in dessen Schuld ich am meisten stehe: Virginia, danke für all Deine Liebe, Trost, Geduld, Ermutigung und unendliche Unterstützung in dieser schweren aber mit Dir immer schönen Zeit. Ich freue mich auf unseres gemeinsames Leben in der Zeit "danach".

### 11. ERKLÄRUNG

Ich versichere,

- dass ich die von mir vorgelegte Dissertation selbständig angefertigt, die benutzten Quellen und Hilfsmittel
- vollständig angegeben und die Stellen der Arbeit einschließlich Tabellen, Karten und Abbildungen –, die anderen Werken im Wortlaut oder dem Sinn nach entnommen sind, in jedem Einzelfall als Entlehnung kenntlich gemacht habe;
- dass sie abgesehen von unten angegebenen Teilpublikationen noch nicht veröffentlicht worden ist sowie,
- dass ich eine solche Veröffentlichung vor Abschluss des Promotionsverfahrens nicht vornehmen werde.

Die Bestimmungen der Promotionsordnung sind mir bekannt. Die von mir vorgelegte Dissertation ist von Herrn Professor Dr. Manolis Pasparakis betreut worden. Diese Arbeit wurde in der Forschungs- und Entwicklungsabteilung der Firma Miltenyi Biotec GmbH, Bergisch Gladbach, angefertigt.

Jens A. A. Fischer Köln, im August 2008

### Teilpublikationen:

Immunity 2004 Jul;21(1):107-19.

TLR9-dependent recognition of MCMV by IPC and DC generates coordinated cytokine responses that activate antiviral NK cell function.

A Krug, AR French, W Barchet, JAA Fischer, A Dzionek, JT Pingel, MM Orihuela, S Akira, WM Yokoyama, and M Colonna

Eur J Immunol. 2005 Jan;35(1):236-42.

Dendritic cells respond to influenza virus through TLR7- and PKR-independent pathways.

W Barchet, A Krug, M Cella, C Newby, JAA Fischer, A Dzionek, A Pekosz, and M Colonna

### J Exp Med. 2007 Apr 16;204(4):893-906.

# NK cell activation in visceral leishmaniasis requires TLR9, myeloid DCs, and IL-12, but is independent of plasmacytoid DCs.

U Schleicher, J Liese, I Knippertz, C Kurzmann, A Hesse, A Heit, JAA Fischer, S Weiss, U Kalinke, S Kunz, and C Bogdan

### J Exp Med. 2007 Aug 6;204(8):1923-33.

Organ-dependent in vivo priming of naive CD4<sup>+</sup>, but not CD8<sup>+</sup>, T cells by plasmacytoid dendritic cells.

A Sapoznikov, JAA Fischer, T Zaft, R Krauthgamer, A Dzionek, and S Jung

### Cutting Edge: The Journal of Immunology May 2008; 180: 6457 - 6461

# CNS Plasmacytoid Dendritic Cells Regulate the Severity of Relapsing Experimental Autoimmune Encephalomyelitis

SL Bailey-Bucktrout, SC Caulkins, G Goings, JAA Fischer, A Dzionek, and SD Miller

### Manuscript in submission (August 2008)

Heterogeneous Sca-1 expression on murine plasmacytoid dendritic cells defines developmental and functional differences

Jens A. A. Fischer, Jürgen Schmitz, and Andrzej Dzionek

### Manuscript in preparation (October 2008)

Identification and functional characterization of mPDCA-1 as a novel antigen-uptake receptor on murine plasmacytoid dendritic cells for (cross-) priming of naïve CD4<sup>+</sup> and CD8<sup>+</sup> T cells.

Jens A. A. Fischer, Jürgen Schmitz, and Andrzej Dzionek

### 12. LEBENSLAUF (Curriculum vitae)

Oktober 2008	Voraussichtlicher Abschluß der Promotion an der Universität zu Köln
August 2006	<b>Praktikum</b> in der Arbeitsgruppe von Dr. Alexander Scheffold, Deutsches Rheumaforschungszentrum (DRFZ) Berlin
Februar 2003 – Oktober 2008	<b>Promotionsarbeit</b> am Institut für Genetik, Universität zu Köln; Universitärer Be- treuer: Professor Manolis Pasparakis. Durchführung der praktischen Arbeiten als externer Promotionsstudent in der Firma Miltenyi Biotec GmbH, Bergisch Gladbach, unter der Anleitung von Dr. Andrzej Dzionek und Dr. Jürgen Schmitz; Titel der Promotion: "Identification and functional characterization of mPDCA-1 as a novel antigen-uptake receptor for murine plasmacytoid dendritic cells enabling (cross-) priming of naïve CD4 <sup>+</sup> and CD8 <sup>+</sup> T cells."
Januar 2003	Titel der Diplomarbeit: Synthese und Charakterisierung rekombinanter adenoviraler Fiber-Proteine mit heterologen Trimerisierungsdomänen mit dem Ziel einer gerichteten Tropismusmodifikation adenoviraler Gentransfer-Vektoren Betreuer: Professor Stefan Kochanek (gegenwärtige Adresse: Universität Ulm) Verleihung des <b>Diplomzeugnisses</b> (Gesamtnote: sehr gut)
Oktober 2001 – Januar 2003	<b>Diplomarbeit</b> am Zentrum für Molekulare Medizin Köln (ZMMK) und Institut für Genetik, Universität zu Köln
Sommer 2001	<b>Praktikum</b> in der Arbeitsgruppe von Professor Stefan Kochanek, Zentrum für Molekulare Medizin Köln (ZMMK), Universität zu Köln
Sommer 2000	<b>Praktikum</b> in der Arbeitsgruppe von PrivDoz. Dr. Reinhard Berkels, Institut für Pharmakologie, Universitätsklinikum Köln
WS 1999/2000	Vordiplomsprüfung Biologie in den Fächern Botanik, Zoologie, Physik und Chemie
1999 – 2000	<b>Praktikum</b> in der Arbeitsgruppe von Professor Maria Leptin, Institut für Genetik,
<u>Hochschulausbildung</u> Oktober 1997 – Oktober 2001	<b>Studium der Biologie</b> an der Universität zu Köln Hauptfach Genetik, Nebenfächer Biochemie und Pharmakologie
<u>Zivildienst</u> 1996 – 1997	Evangelische Kirchengemeinde Bergisch Gladbach und Stadtkirchenverband Köln
<u>Schule</u> 1983 – 1987 1987 – 1996	Gemeinschaftsgrundschule Hebborn, Bergisch Gladbach Nicolaus-Cusanus-Gymnasium, Bergisch Gladbach, Abschluß mit allgemeiner Hochschulreife (Abitur)
Name: Geburtsdatum und -ort: Familienstand: Staatsangehörigkeit:	Jens A. A. Fischer 31. Mai 1977 in Leverkusen verheiratet deutsch
Persönliche Daten	

Jens A. A. Fischer

Bergisch Gladbach, im August 2008