



# Immune Tolerance

**Jun Dou(窦骏)**

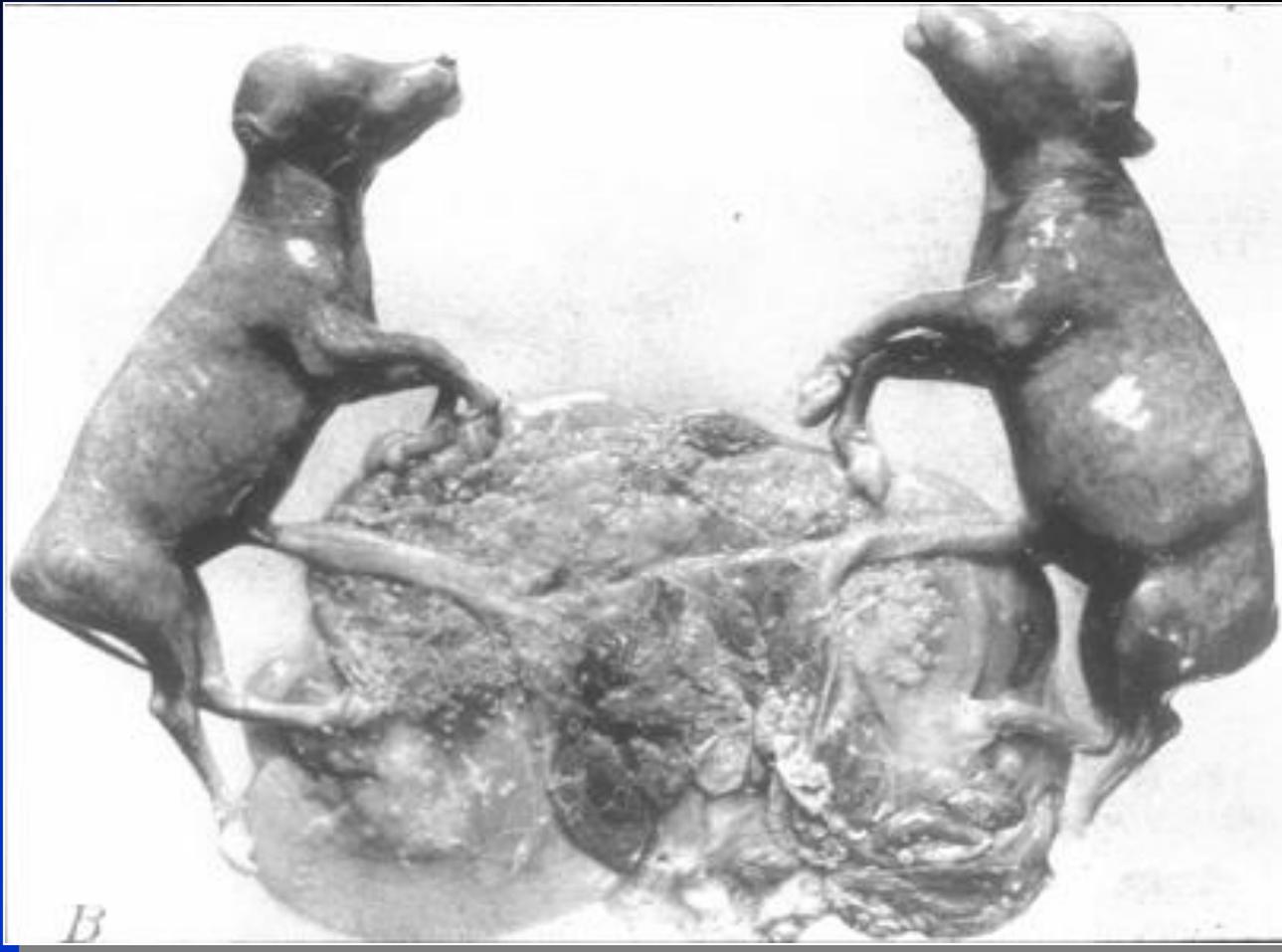
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What is **tolerance** ? It is an immunological specific and results from the recognition of Ag by specific lymphocytes.

When specific lymphocytes encounter antigens, the lymphocytes may be **activated**, leading to immune response, or the cells may be **inactivated** or **eliminated**, leading to **tolerance**.

- **The development and representation of immune tolerance**
- **Innate Tolerance:** Immunological tolerance
- is an important for several reasons. In 1945,
- **Owen** made a crucial observation, suggesting that tolerance to self-Ag occurred because the observing that adult **dizygotic** twin cows each contained a **mixture** of their own and their twin's blood cells, indicating that they were

**equally tolerant** to their own and each other's blood cell Ag.



**“Chimera”**



Results establishing tolerance as an immunological specific phenomenon came from studies of graft rejection in inbreeding mice done by **Peter Medawar** and his colleagues in **1950s**.

## **Mechanisms of immune tolerance**

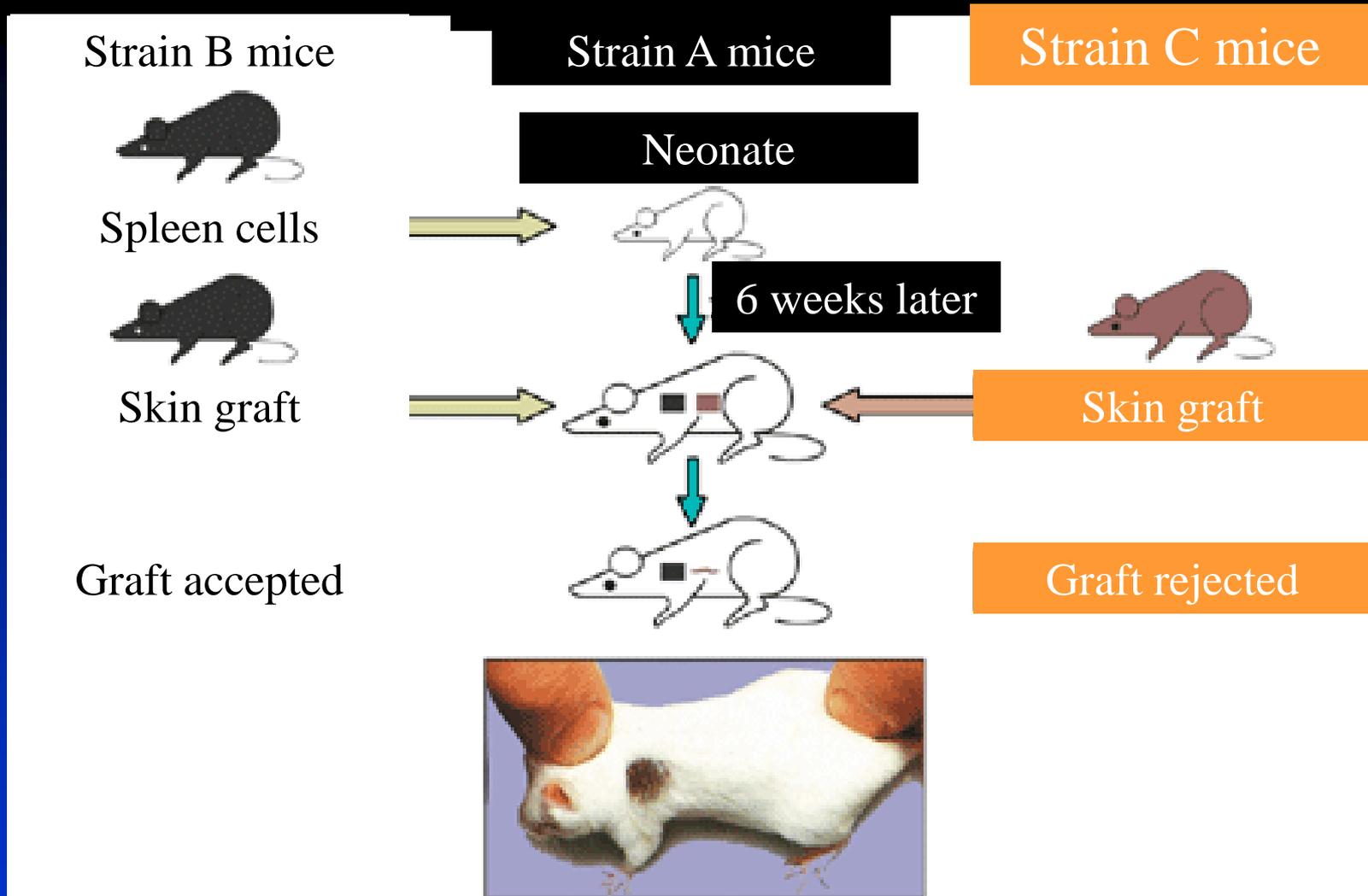
Clonal deletion (lymphocytes not present)  
clonal **inactivation** or **anergy** (present but inactive).

# **Central versus Peripheral Tolerance**

- **Acquired Tolerance**
- **Tolerance to self is learned not genetically predetermined.**
  
- **Evidence:**
- **Experimental tolerance induction**
- **Twins**
- **Neonatal**
- **Adult**
- **Special sites**

- **In 1953**, Medawar carried out the first Lab experiments to explore the cellular basis of this immunological tolerance.
- He injected allogeneic tissues into **fetal mice** in **uterus** and found that after the animals reached maturity, they were greatly impaired in their ability to reject skin grafts from the **same allogeneic** mouse strain **but not** a third-party graft from a **different allogeneic** mouse strain.

# Artificial induction of immune tolerance



**Suggesting that tolerance easily to be induced in embryonic > neonatal period > adult**

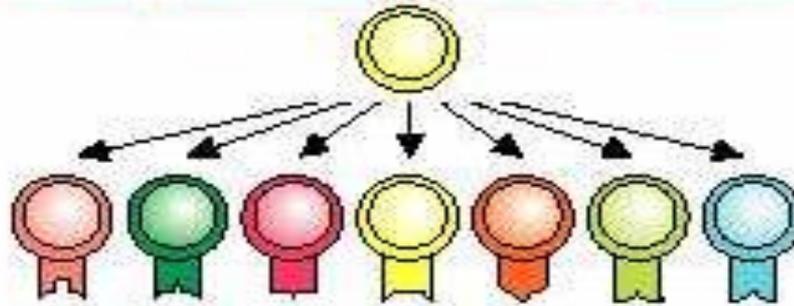
- This rejection deficiency **could be corrected** if the tolerant mice were given primed lymph node cell populations.
- The mechanism proposed by **Burnet** for this acquired tolerance process was selective **clonal deletion** of the lymphocytes specific for the alloantigens injected during development.
- **“neonatal mouse”**

- **Burnet's clonal selection theory**
- In 1957, **Burnet** enunciated the
- clonal selection theory, in which
- he explained the remarkable specificity as well as diversity of recognition of everything foreign in the environment.
- He proposed that each lymphocyte was specific for **only one Ag** and if a lymphocyte met **this Ag** during early development it would be deleted from the repertoire.



# Clonal Selection theory

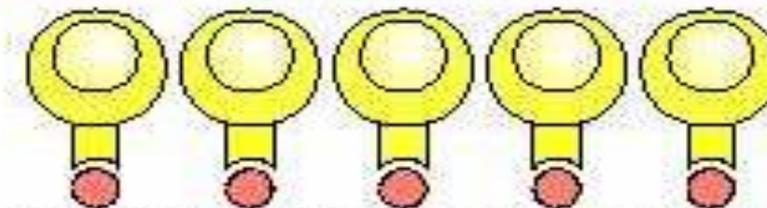
During development progenitor cells give rise to large numbers of lymphocytes, each with a different specificity



Pool of circulating small lymphocytes



Proliferation and differentiation of pathogen-activated lymphocytes to form a clone of effector cells



Effector cells eliminate pathogen

- Binding of Ag to its specific receptor activates
- the cells, causing it to proliferate into a **clone of cells** that have the same immunologic specificity as that of the **parent cells**.
  
- Lymphocytes with receptors against self are **deleted** from an early stage or became **forbid**
- clone and are **absent** from the repertoire of
- mature lymphocytes.
- **Autoimmune disease** occurs if there is **something wrong** in tolerance in the host's immunity.

- The clonal selection theory has been further refined and is now accepted as the underlying paradigm of modern immunology. It helped immunology to **became a new science independent of microbiology.**
- According to the theory, individual lymphocyte expresses membrane receptors that are specific for a **distinct Ag.** This unique receptor specificity is determined **before** the lymphocyte is exposed to the Ag.



## The Nobel Prize in Physiology or Medicine 1960

"for discovery of acquired immunological tolerance"



**Sir Frank Macfarlane Burnet**

🕒 1/2 of the prize

Australia

Walter and Eliza Hall Institute  
for Medical Research  
Melbourne, Australia

b. 1899  
d. 1985



**Peter Brian Medawar**

🕒 1/2 of the prize

United Kingdom

University College  
London, United Kingdom

b. 1915  
d. 1987

# Immunological Tolerance

Immune system can recognize **sequestered** Ag

Presence of autoimmune disease

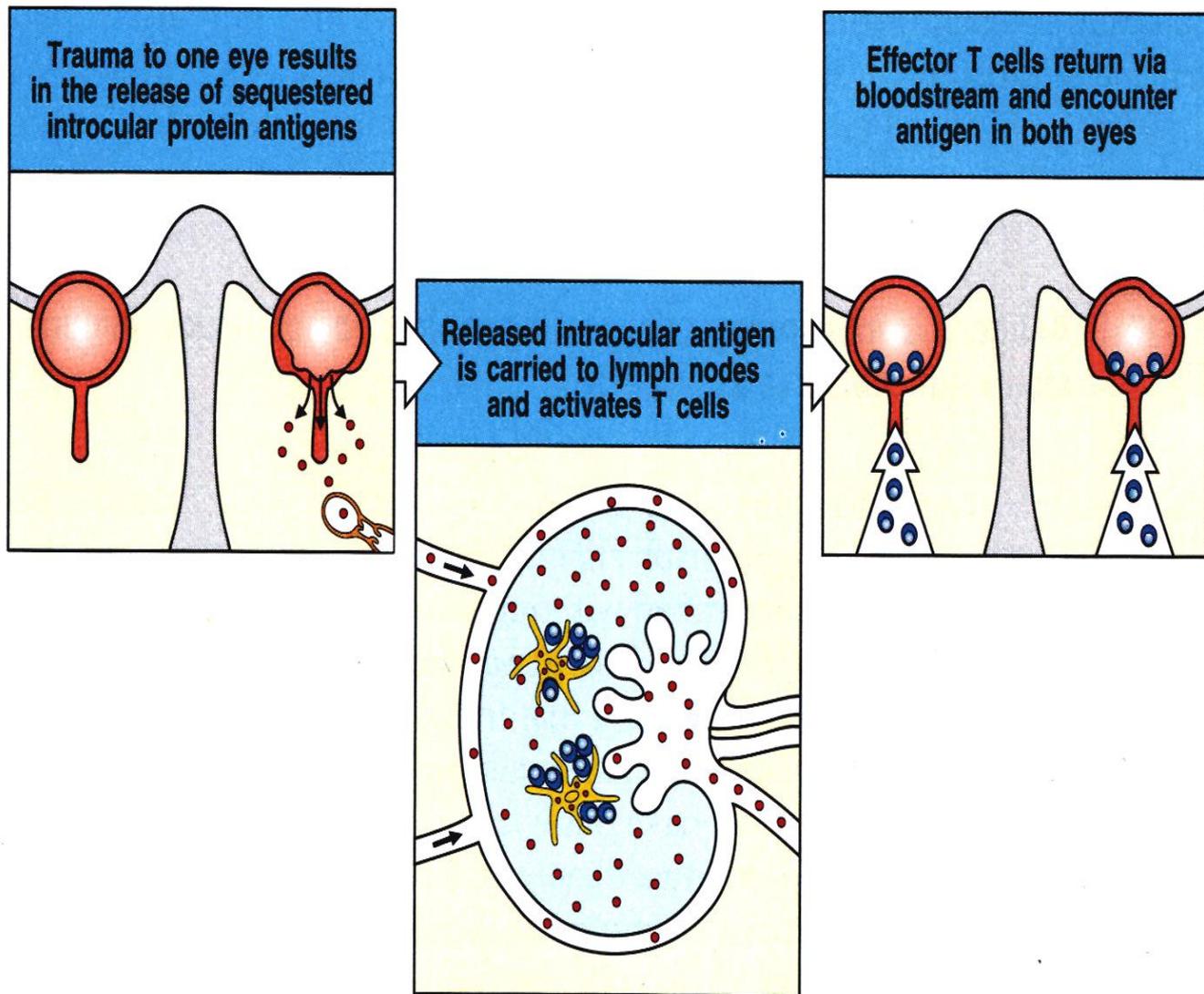
## Immunological Privilege

Immunologically privileged sites
Brain
Eye
Testis
Uterus (fetus)

Special sites

# Release of **Sequestered Antigen** from Immunoprivileged Site

- The eye is not normally “**sampled**” by T cells
- **Trauma to the eye** can release antigens unique to the eye (not presented in the thymus)
- These antigens can **be brought to** lymph nodes where they activate T cells.
- **Primed T cells** can traffic through privileged sites and cause tissue damage if they recognize antigen





# Immunological Tolerance

**Thymus** for T cells

**Bone marrow** for B cells

## Peripheral tolerance

It provides a backup to central tolerance and operates on mature lymphocytes.

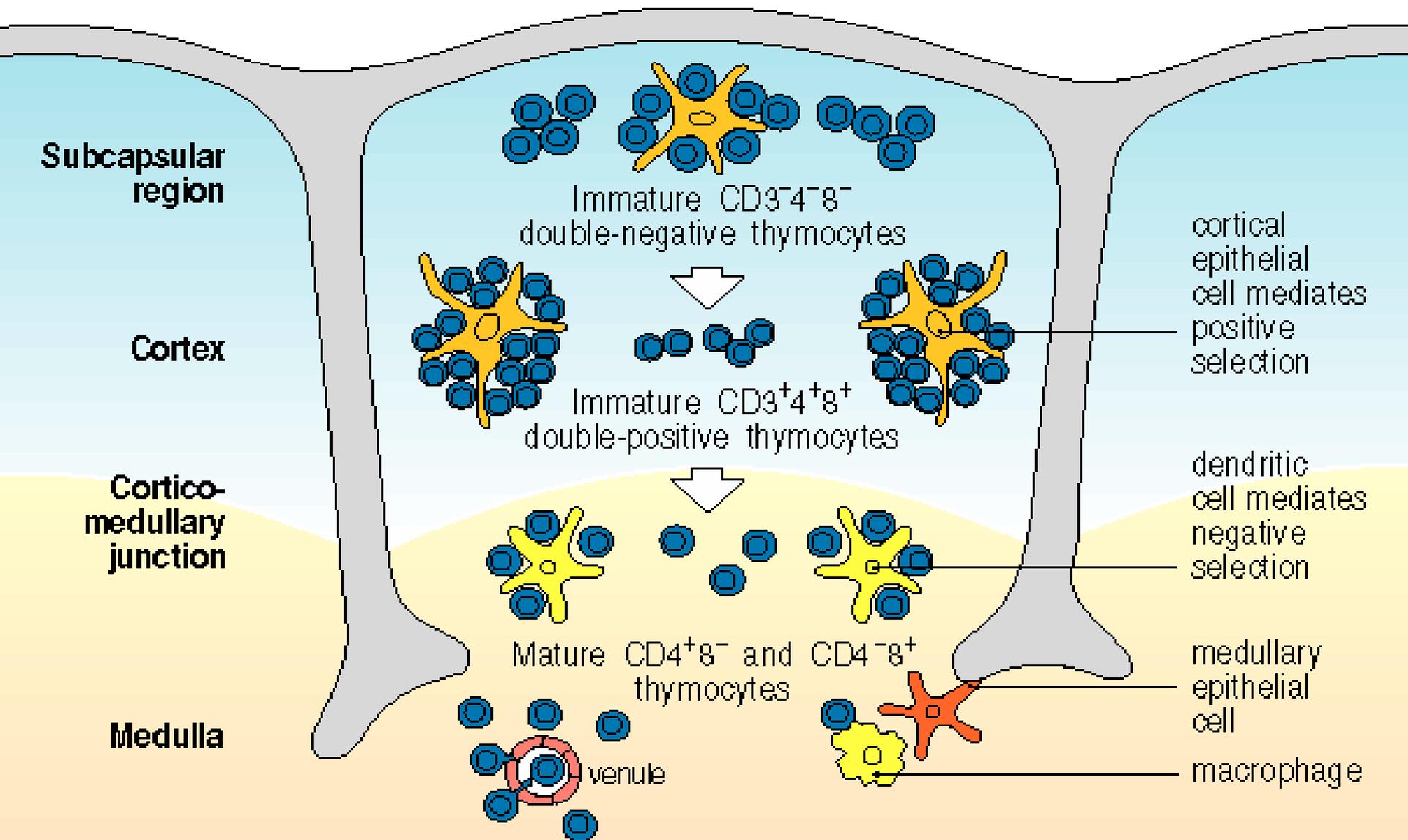
However, existence of autoimmune reactions shows that **tolerance induction is not perfect.**



# Central T Cell Tolerance Induction in the Thymus

- Positive selection in the thymic cortex ensures that cells might one day be useful. Recognition of self-MHC on cortical epithelial cells is important. **MHC restriction**
- Negative selection at cortico-medullary junction removes self reactive T cells. Profession **APC** (e.g. **M $\phi$**  , **Dc**) are important. **Self-tolerance**

# T cell maturation and selection in the thymus

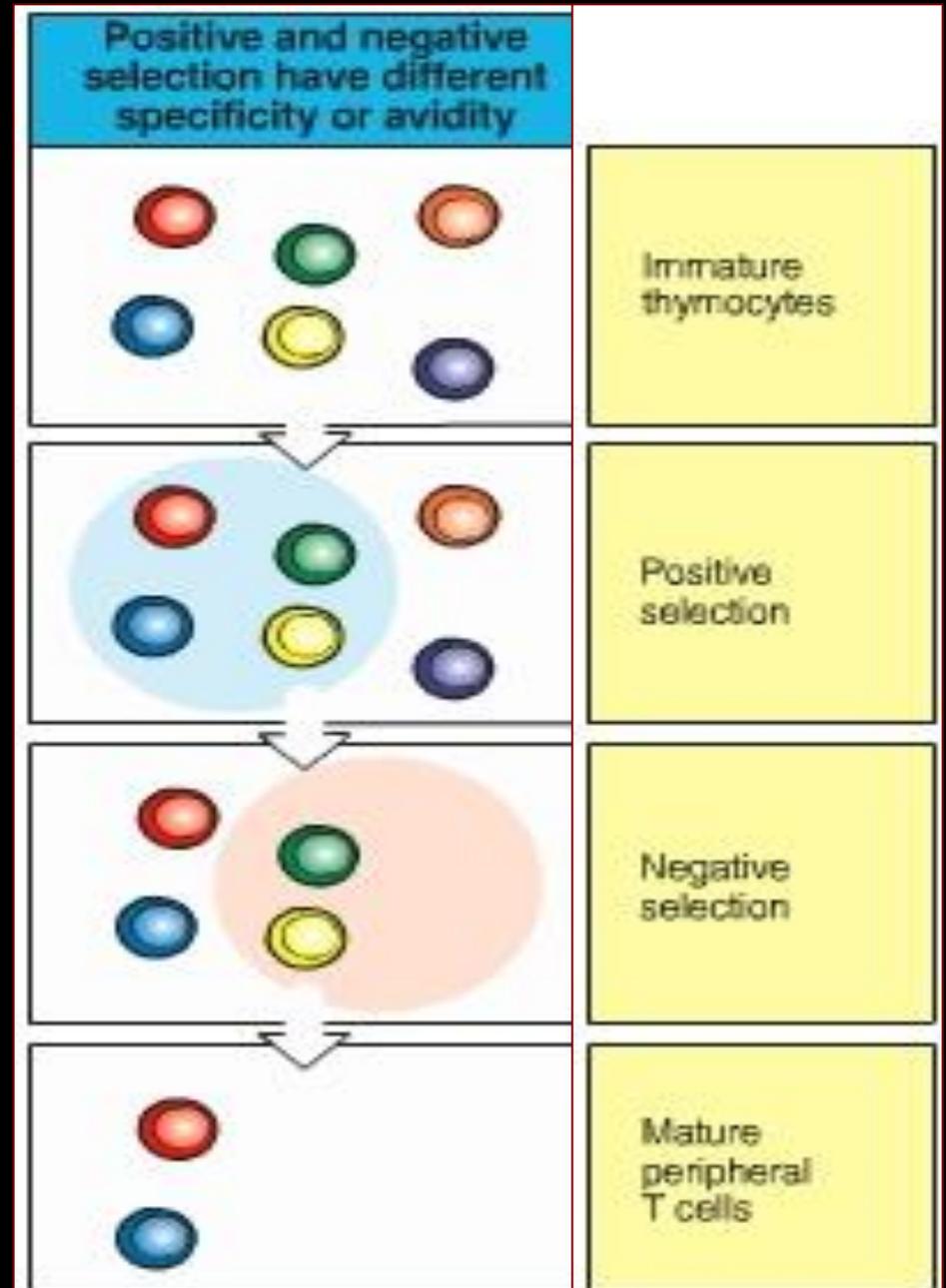


# Positive and Negative Selection of T cells during Development in the Thymus

**Positive** selection for recognition of epitopes with **self MHC**

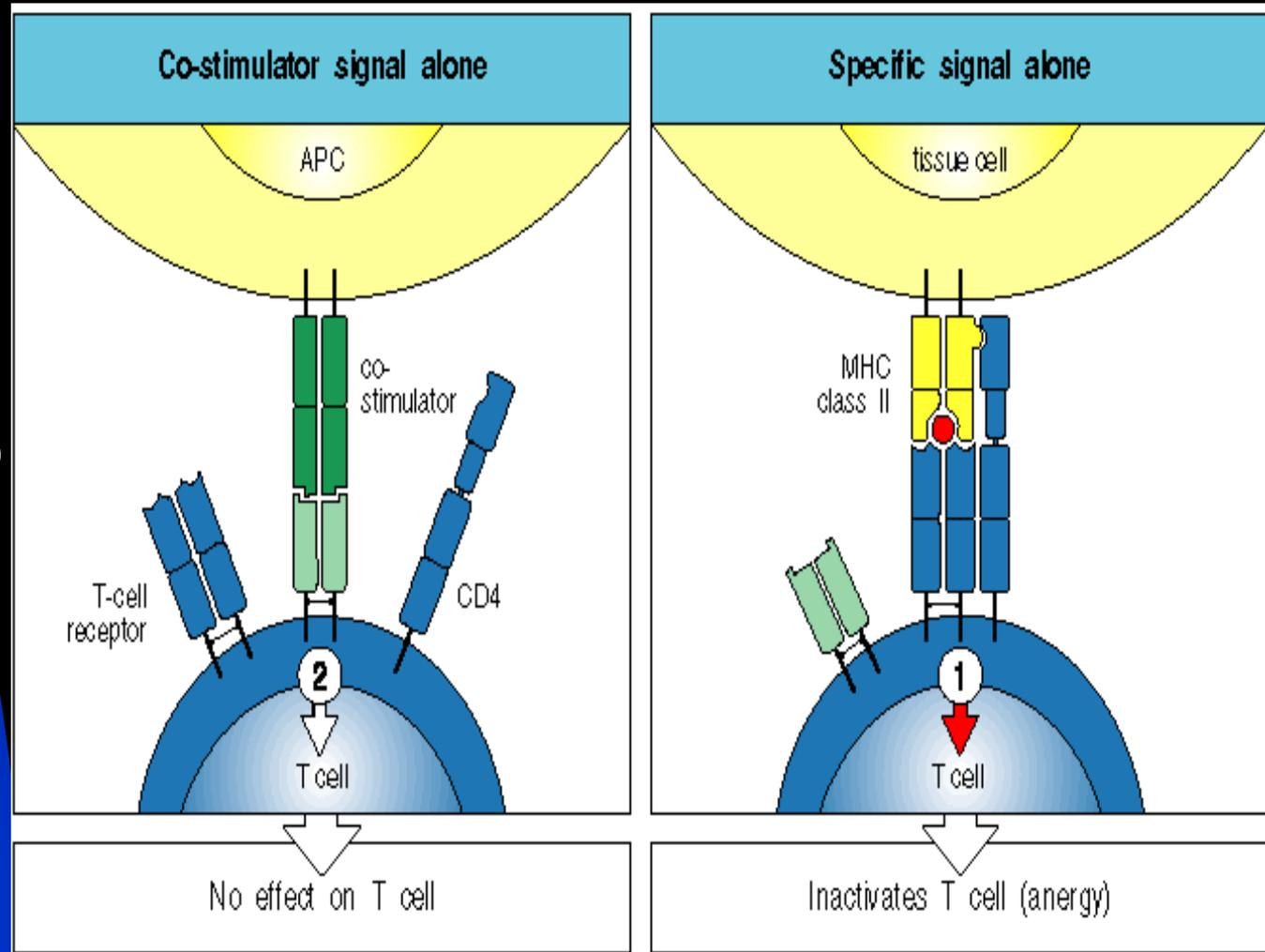
**Negative** selection for high affinity recognition of self epitopes with self MHC. **Elimination** of self-reactive cells

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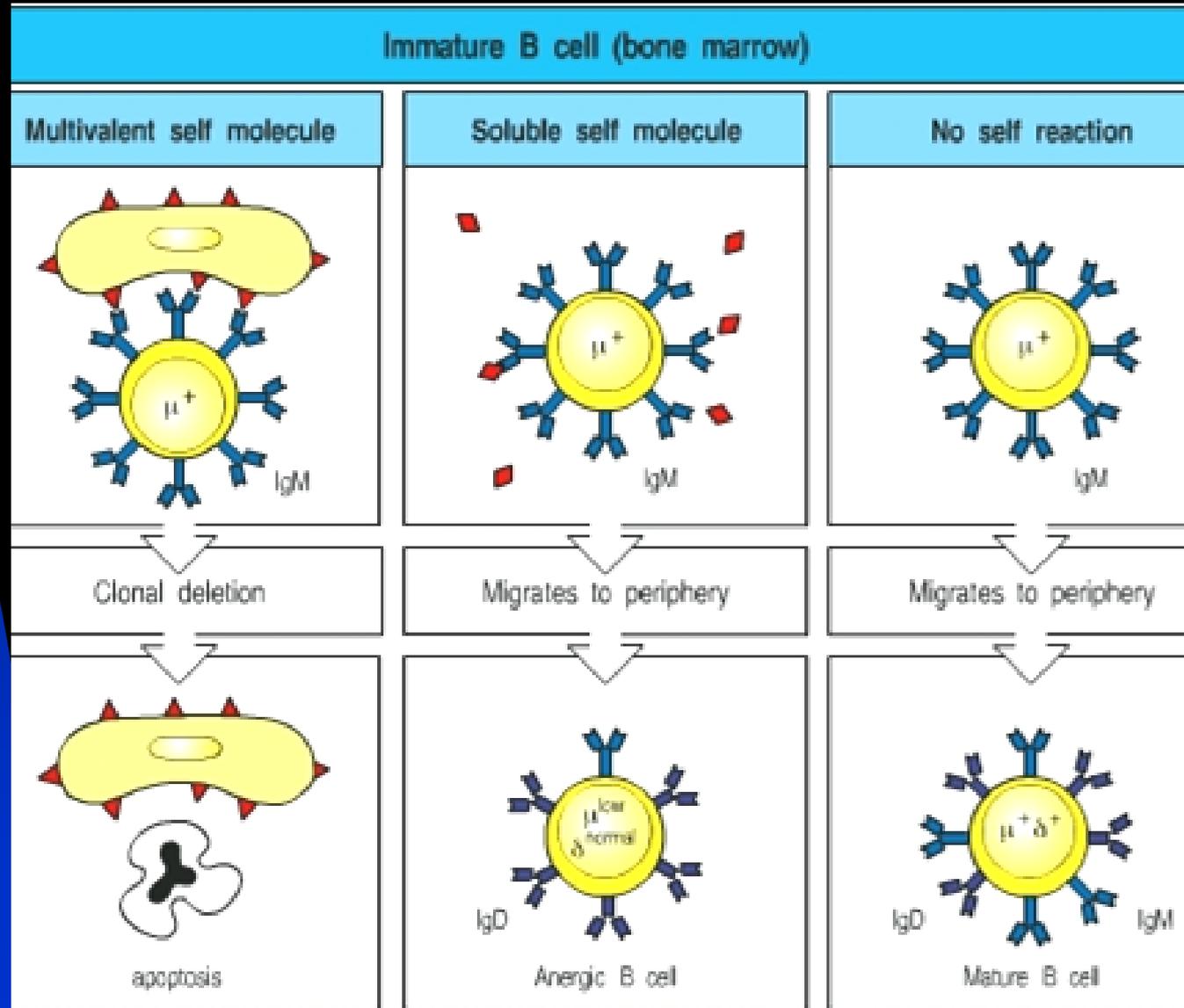
# Peripheral T cell tolerance by lack of costimulation

- APC express both MHC and costimulatory molecules (**B7**)
- T cells express antigen receptors (TCR) and **CD28**.
- Engagement of TCR but not CD28 on naive T cells inactivates the T cell

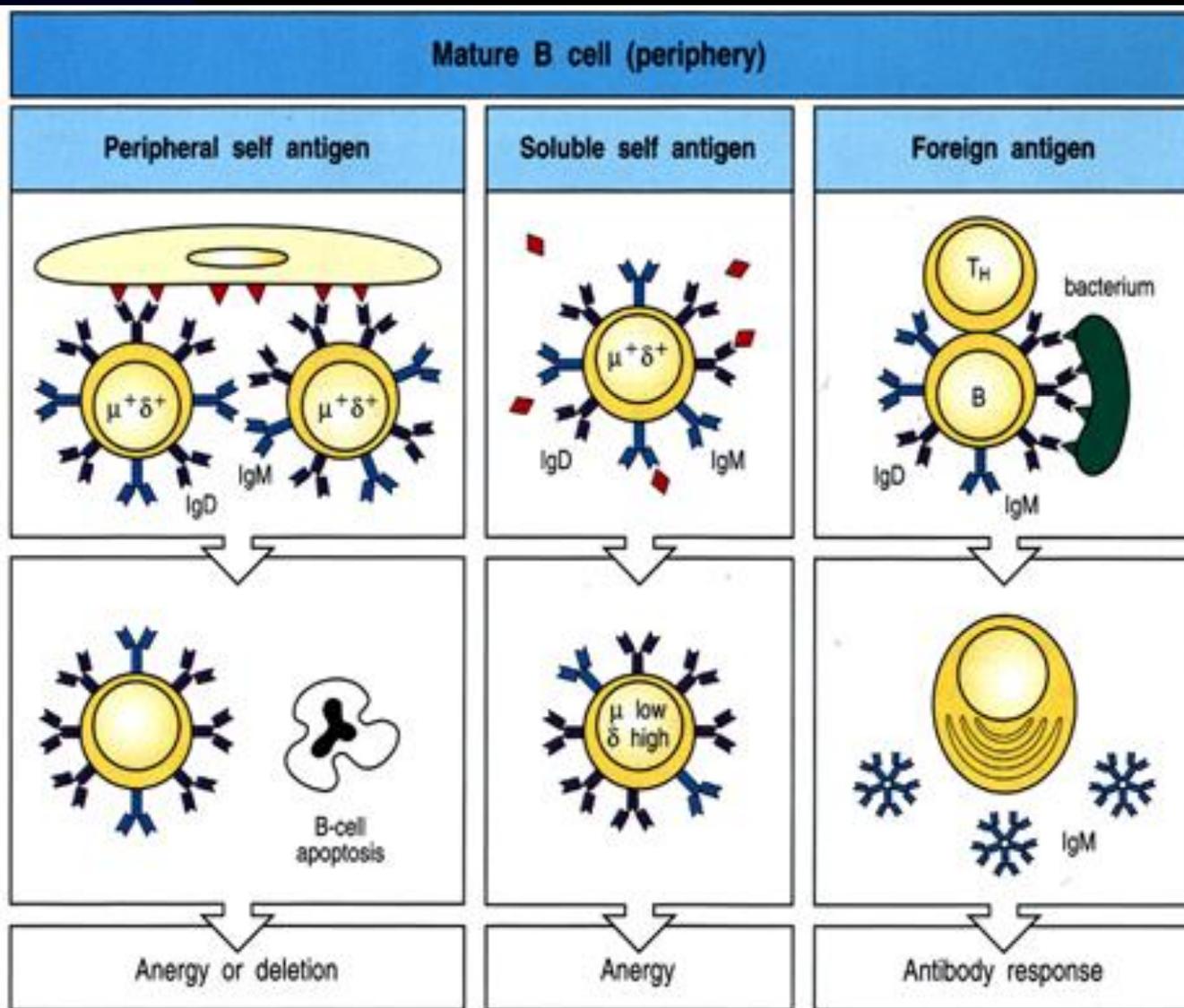


# Central B cell tolerance takes place in the bone marrow

- Crosslinking of IgM on **immature B** cells causes cell death
- Recognition of **soluble antigen** on immature B cells causes inactivation (**anergy**). **Lack of self-reaction** permits further maturation



# Peripheral B cell tolerance: Antigen recognition without T cell help



Similarities to B cell tolerance in the bone marrow.

**Reliance on signals from helper T cells highlights the role of helper T cells in regulation of immune responses.**

- **Regulation T cells in Tolerance**
- T cell tolerance is extremely important.
- Some immune responses are inhibited by cells that block the activation and functions of effector T cells.
- The T cells are called regulatory T cells, which express **CD4, CD25 and foxp3 marker** on their cell membrane surface (**CD4<sup>+</sup>CD25<sup>+</sup>foxp3<sup>+</sup>**).
- Studies indicate that **Treg** cells inhibit immune responses by secreting **IL-10** and **TGF-β**,

- an immunosuppressive cytokines.
- **IL-10 inhibitors** M $\phi$  activation and antagonizes the actions of principal M $\phi$ -activating IFN- $\gamma$ . (**Tr1 secretion**)
- **TGF- $\beta$  is an inhibitor** of T cell and B cell proliferation. (**Th3 secretion**)
- Several experimental models support the importance of **Treg** cells in the
- maintenance of self-tolerance.



- **Dendritic Cell in Tolerance**
- **DC** appears to be critical for establishing T cells tolerance to self-antigen, both during intrathymic development(**negative selection**) and in the peripheral circulation.
- **In addition**,  $CD8^{+}Treg$ ,  $CD8^{+}CD28^{-}$  T cells:
- $V\gamma9V\delta2$  CTL:  $\gamma\delta$  T

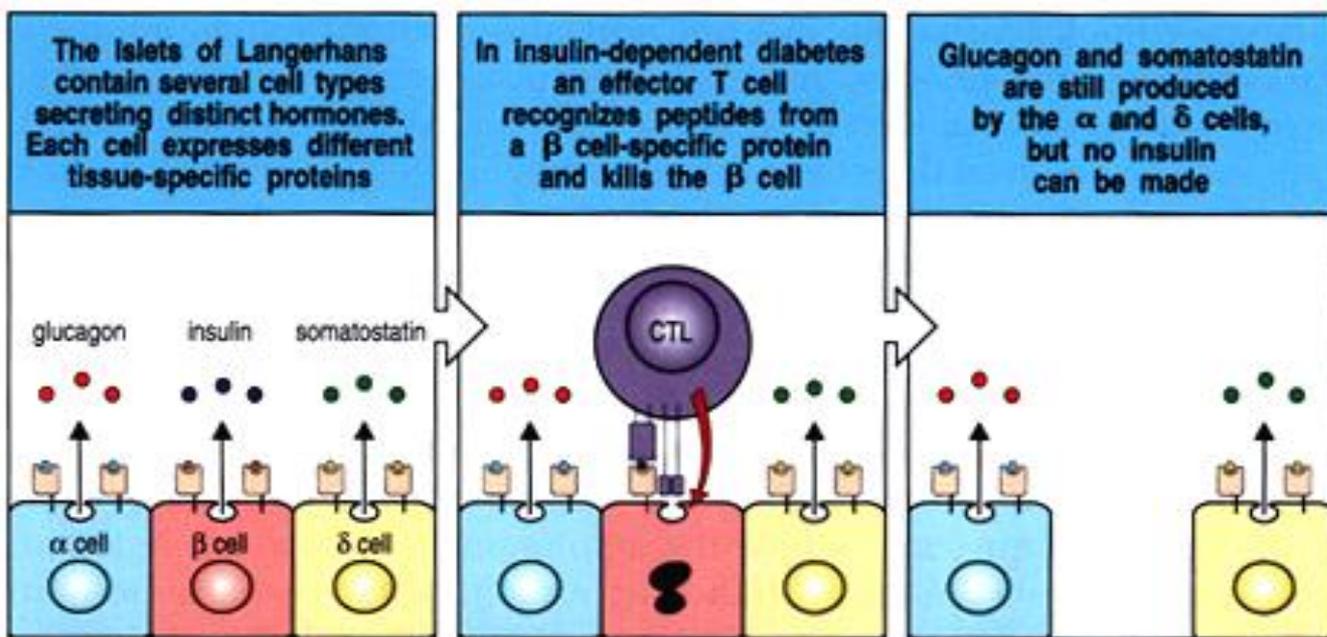
# Immune tolerance and clinical medicine

Failure of self-tolerance **results in** immune reactions against self Ag.

A better understanding of **tolerogenesis** could be valuable in many ways.

It could be used to promote tolerance of foreign tissue grafts or to control the damaging immune responses in **hyper-sensitivity states and autoimmune diseases.**

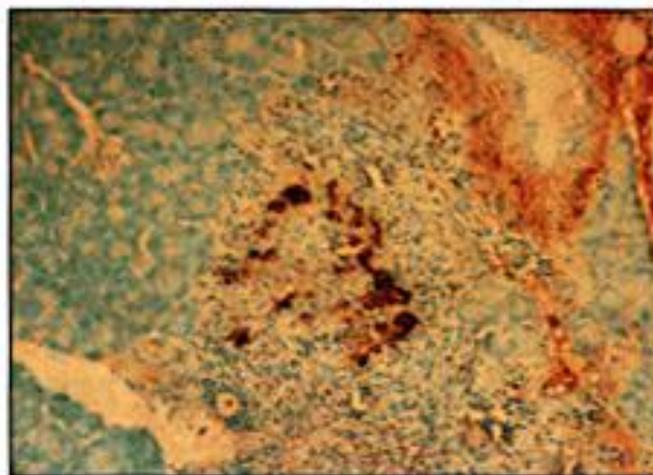
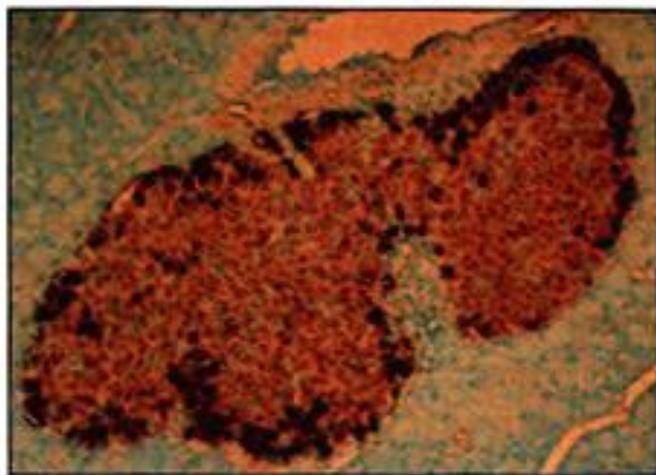
# *e.g.* Insulin Dependent Diabetes Mellitus (IDDM) (Beta cells in **pancreatic islet**)



T cell mediated destruction of cells in **Islets** of Langerhans in pancreas

Staining for **insulin** and **glucagon**

T cell infiltrates CD4 and CD8 cells involved antigens not known



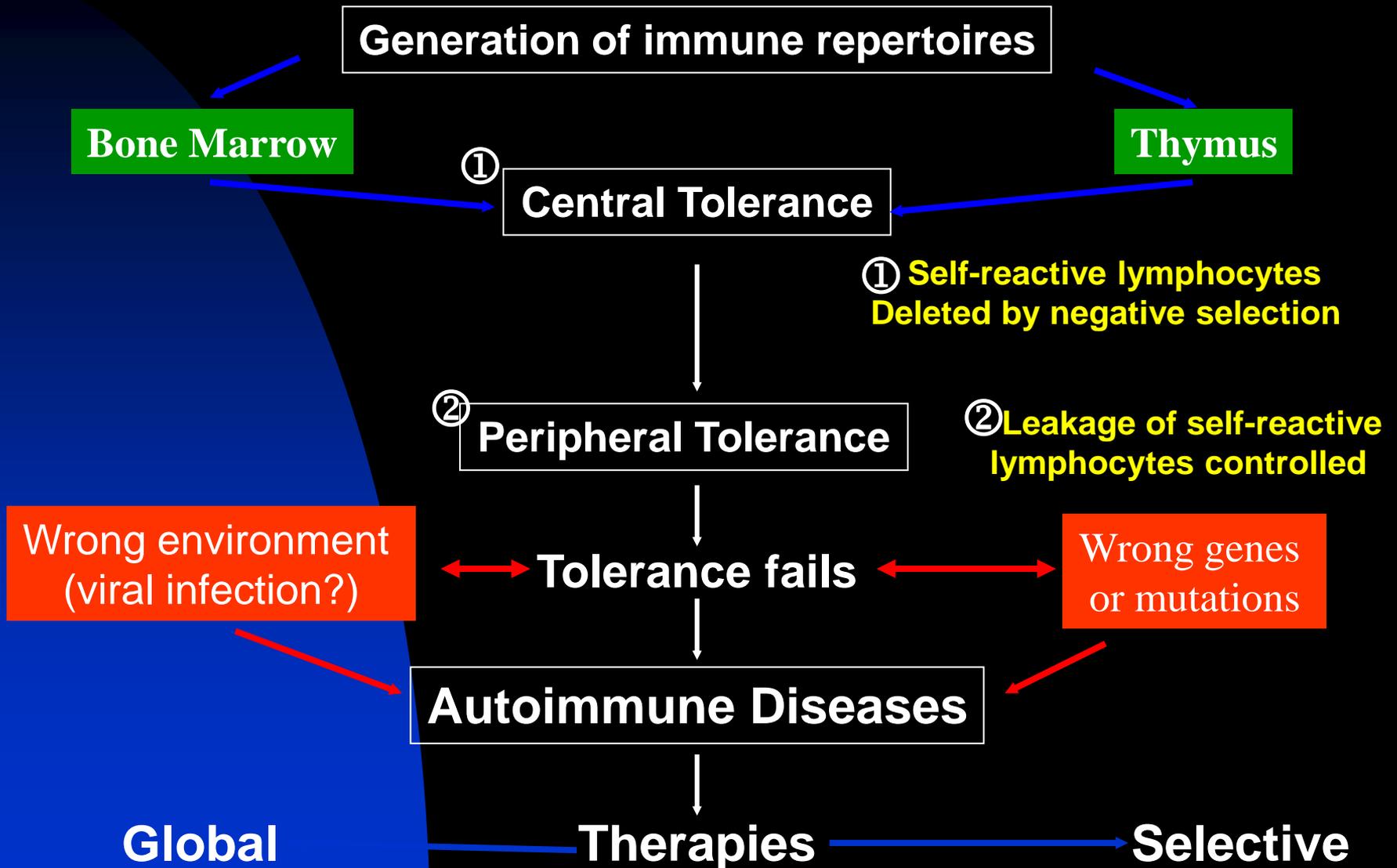


# Establishment and maintenance of immune tolerance

Tolerance can be **induced** by the inoculation of allogeneic cells into hosts that lack immunocompetence such as **neonatal host**.

Tolerance can be **maintained**, a certain degree of **chimerism**, namely the coexistence of cells from genetically different individuals, must be maintained.

# Tolerance: Establishment and Failure



# Oral Tolerance

- Tolerance to what we eat.
- Ingested proteins do get into blood.

- **Folk remedies.**

Deer feed on poison oak. American Indians ate deer liver to induce tolerance to poison oak.

- **Modern clinical trials.**

**Examples:** Feeding MS patients MBP.

**MS:** multiple sclerosis (a demyelinating disease)

**MBP:** myelin basic protein

# Mechanisms for Breaking or Abrogation Tolerance

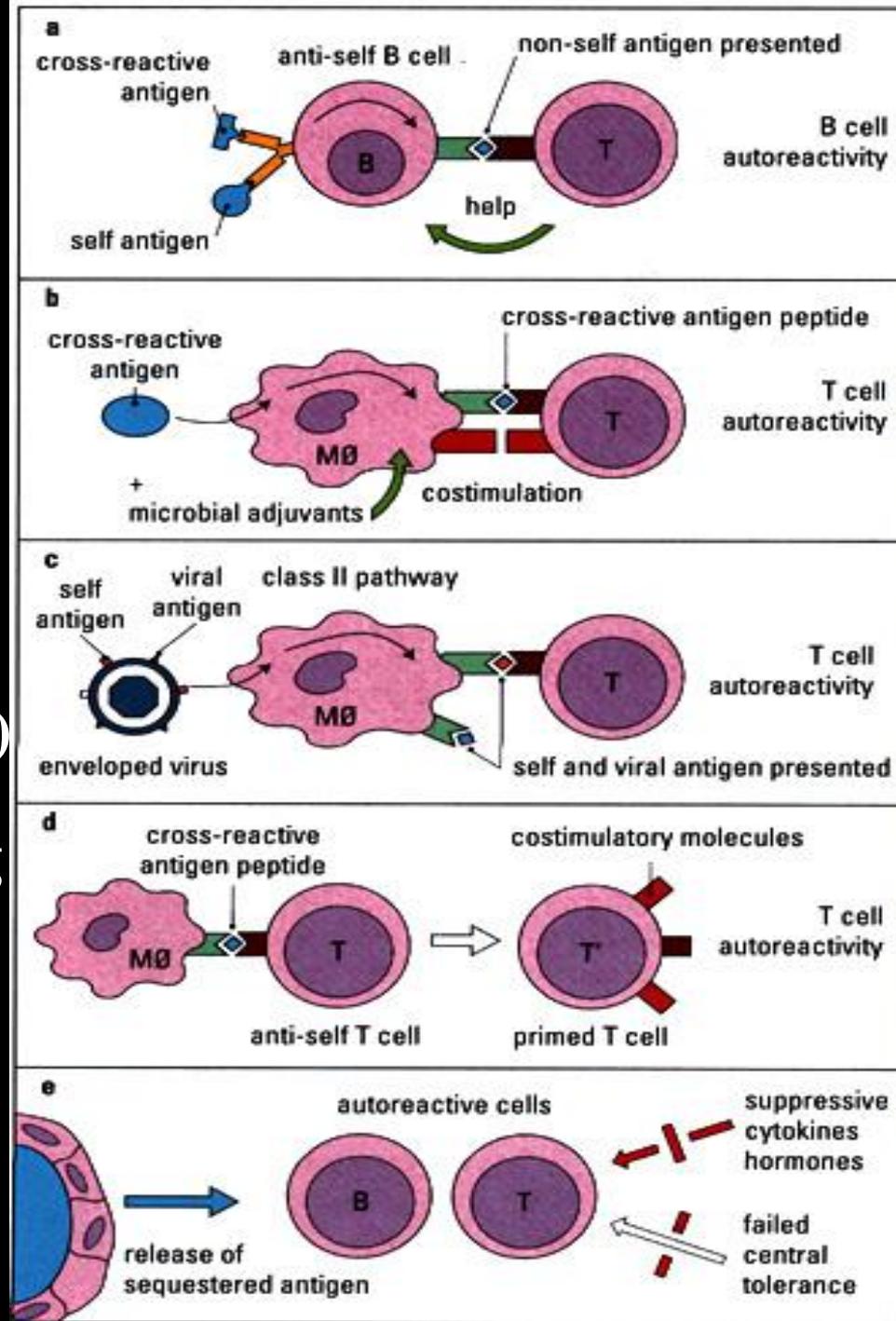
Cross-reactive B cells **inappropriate induction** of costimulatory activity on Ag presenting cells

Capture of self antigens by enveloped viruses (e.g. **HIV**)

Cross-reactive microbial Ag prime autoreactive T cells (**molecular mimicry**)

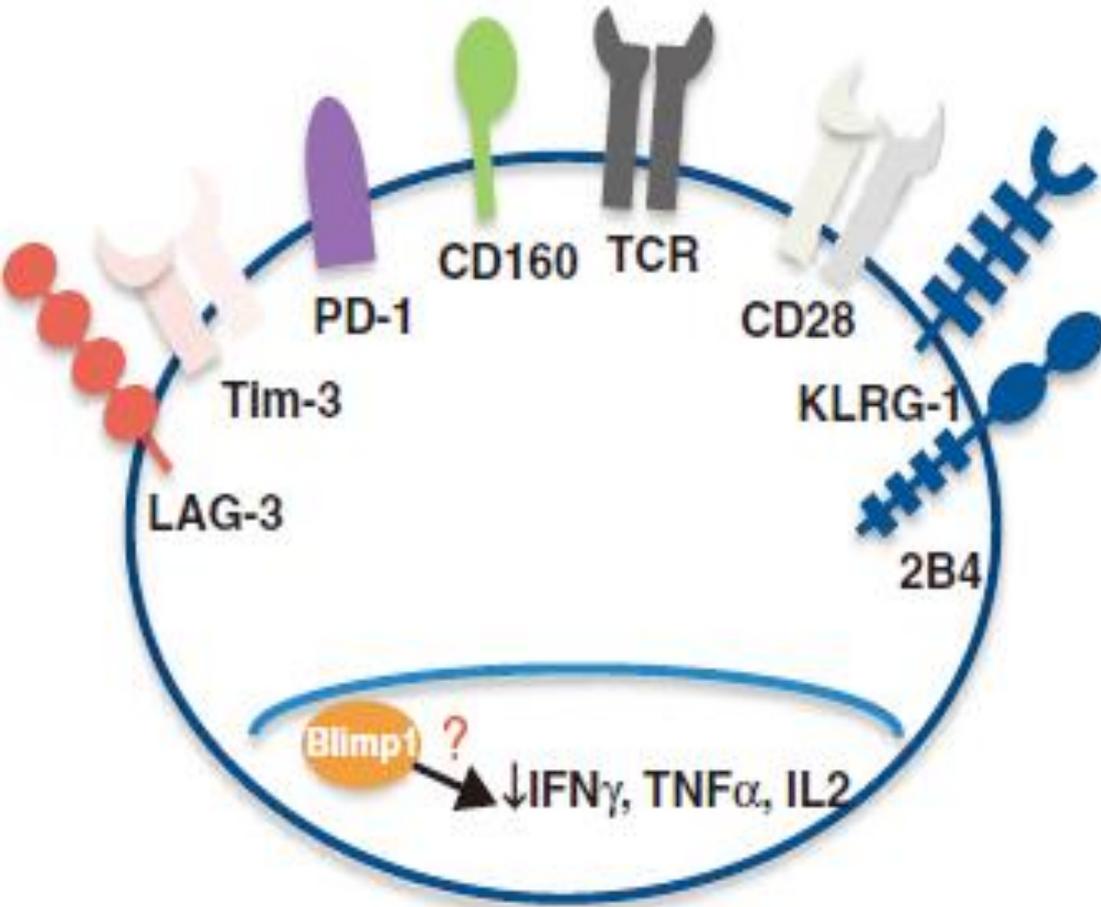
Release of **sequestered** Ag not seen in thymus.

2020/5/12



- **In Tumor Immunotherapy**
- Antitumor immunotherapy has been demonstrated by animal experiments in which tumor cells were transfected with genes that encode **B7** costimulatory molecule (or **IL-2** or some else molecules) and used to vaccinate animals.

The tumor cells expressing immune molecules induce protective immunity **against unmodified** tumor cells injected at a distant site.



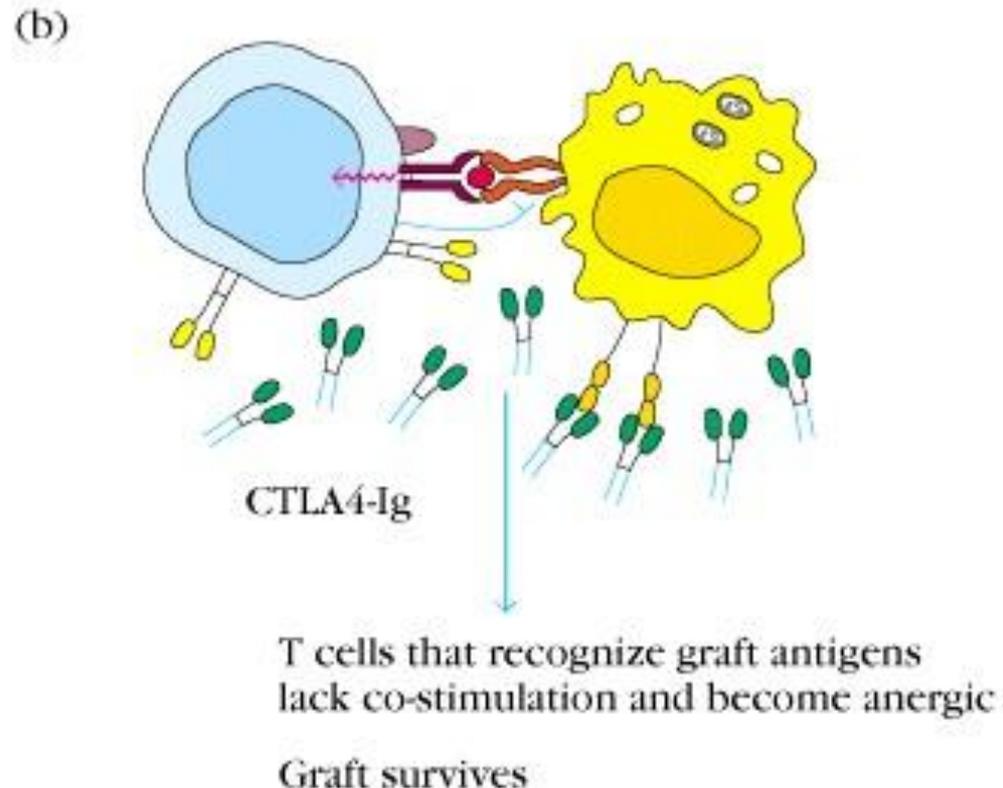
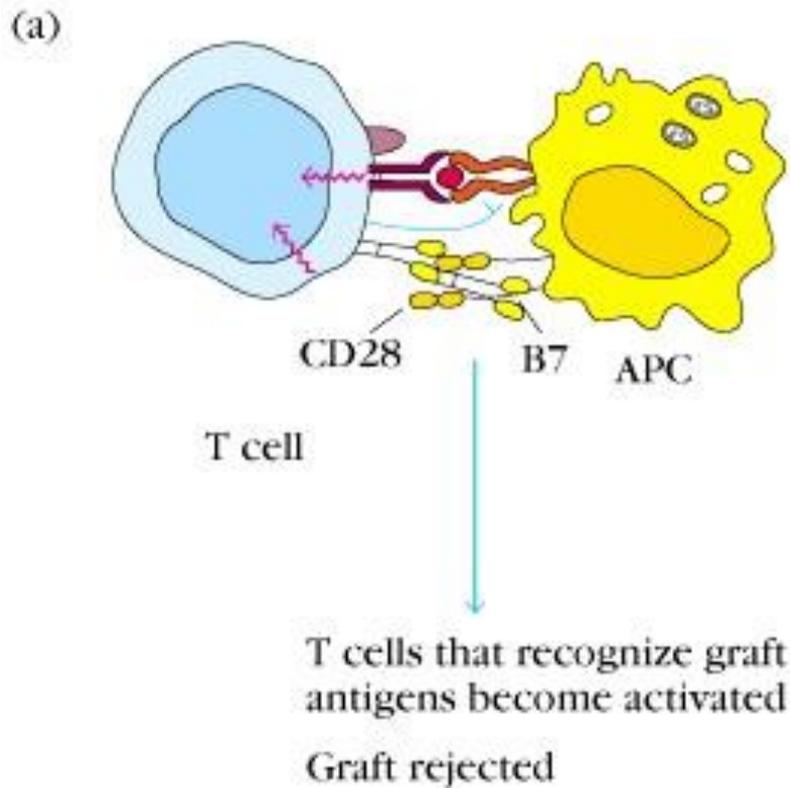
## Exhausted T Cells

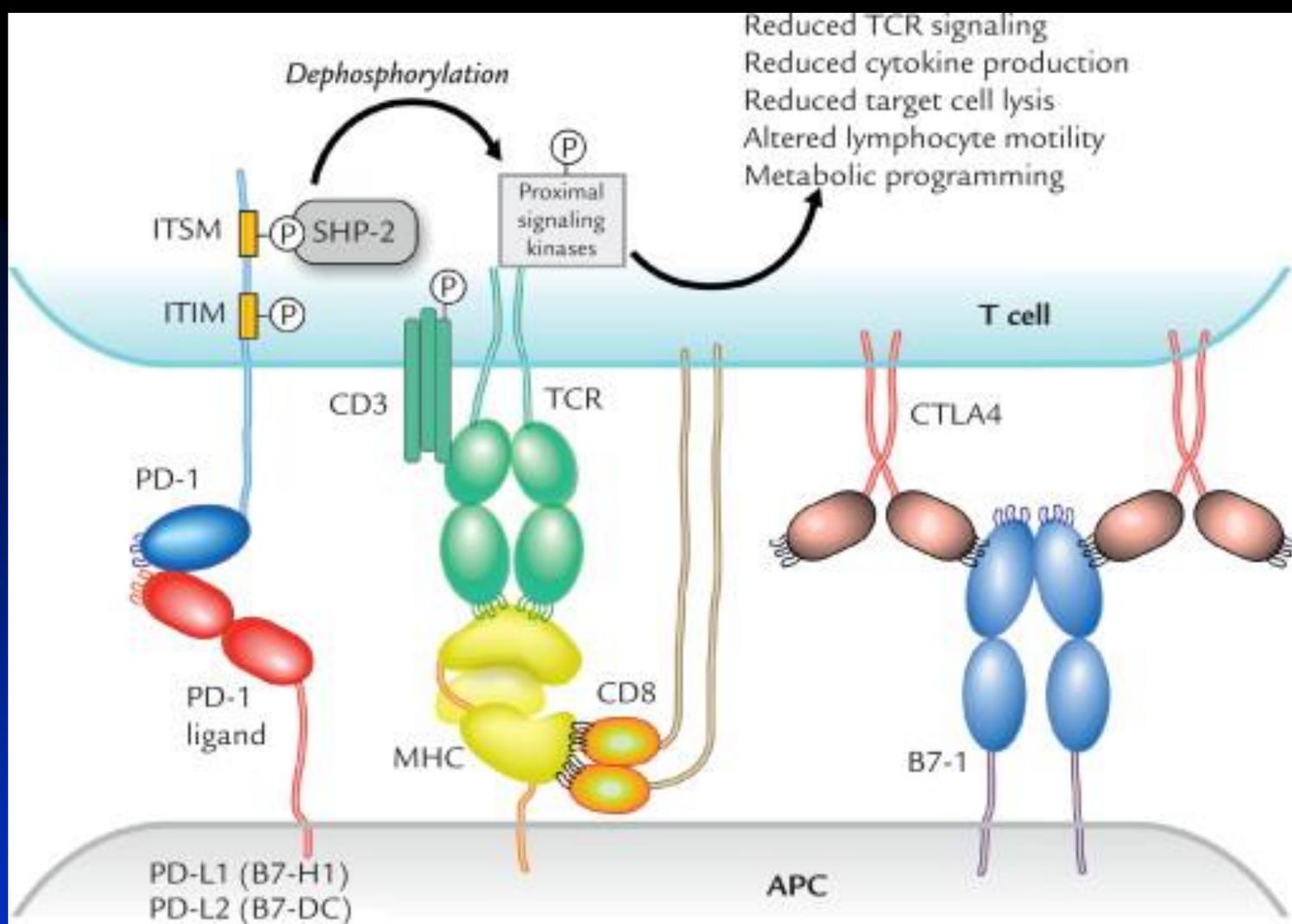
- Unresponsive state-loss of effector functions.
- Long-lived and cell cycle arrested.
- Accumulate due to chronic infection or disease.
- Stable expression of inhibitory receptors.
- Layered co-inhibition (In function of repeated-activation).

Crespo et al. Current Opinion in Immunology 2013

- These successes with experimental tumor models have led to **therapeutic trials** in which a sample of a patient's tumor is propagated *in vitro*, transfected with costimulator gene, irradiated, and reintroduced into the patient.
- Tolerance Ag may induce functional unresponsiveness or death of Ag-specific lymphocytes, making these cells incapable of responding to the Ag( **tolerance**).....

- **In Transplantation Immunotherapy**
- Monoclonal antibodies can **block T-cell activation** and extending the life of transplanted organs.
- Soluble fusion proteins can be made with block costimulatory signals necessary for T-cell activation.





The interaction of **PD-1** and **PD-L1** reduces T-lymphocyte function. **APC** = antigen presenting cell; **CTLA** = cytotoxic T-lymphocyte antigen; **ITIM** = immunoreceptor tyrosine-based inhibitory motif; **ITSM** = immunoreceptor tyrosine-based switch motif; **MHC** = major histocompatibility complex; **P** = phosphorylation site; **PD** = programmed cell death protein 1; **SHP** = Src homology 2 domain-containing phosphatase; **TCR** = T cell receptor.



## Concepts:

1. Positive selection and Negative selection
2. Immune tolerance and IDDM
3. Dizygotic twin cows
4. CD28 and B7 molecules
5. Activation-induced cell death (AICD)

## Questions:

1. How to understand the clone selection theory?
2. What are the differences between the immune tolerance and the immunodeficiency/immune inhibition ?
3. How to understand the significance of immune tolerance in clinic?