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## Modulation of $T_{reg}$ function improves adenovirus vectormediated gene expression in the airway

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## Abstract

Virus vector -mediated gene transfer has been developed as a treatment for cystic fibrosis (CF) airway disease, a lethal inherited disorder caused by somatic mutations in the CFTR gene. The pathological pro-inflammatory environment of CF as well as the naïve and adaptive immunity induced by the virus vector itself limit the effectiveness of gene therapy for CF airway. Here, we report the use of an HDAC inhibitor, valproic acid (VPA), to enhance the activity of the regulatory T cells ( $T_{reg}$ ) and improve the expression of virus vector-mediated gene transfer to the respiratory epithelium. Our study demonstrates the potential utility of VPA, a drug used for over 50 years in humans as an anticonvulsant and mood-stabilizer, in controlling inflammation and improving the efficacy of gene transfer in CF airway.

## Keywords

cystic fibrosis; gene therapy; VPA; Treg; airway; mouse

## Introduction

Cystic fibrosis (CF) is a lethal inherited disorder caused by somatic mutations in the cystic fibrosis transmembrane conductance regulator (CFTR) gene in humans, affecting about 1 in 2,500 live births <sup>1</sup>. Pathobiological symptoms of CF include muscosal obstruction of exocrine glands and pulmonary inflammation <sup>2</sup>. Chronic neutrophilic inflammation and pulmonary infections are among the chief contributors to morbidity and mortality in patients with CF <sup>3</sup>. Patients with CF have increased levels of proinflammatory cytokines in the airways that include TNF- $\alpha$ , IL-1, IL-6 and IL-8, and reduced levels of anti-inflammatory cytokines such as IL-10<sup>4</sup>.

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The success of gene therapy for CF airway disease is dependent on the efficient delivery and expression of the CFTR gene <sup>5</sup> in the cells of the respiratory epithelium <sup>6–8</sup>. Virus (i.e. adenovirus, lentivirus and adeno-associated virus) vector-based gene transfer has been developed to correct the underlying Cl- secretion defect in the CF airway epithelium <sup>9, 10</sup>. However, cellular and humoral immune responses to viral antigens and the epitopes on the expressed proteins have been shown to be barriers to efficient airway gene transfer <sup>11, 12</sup>. Successful gene therapy regimens using virus-based vectors may also require the elimination of the anti-vector capsid immune responses <sup>13–15</sup>. It is likely that two sets of antigens induce a host immune response, the viral antigens associated with the virus vector and the non-tolerated antigens of the newly expressed proteins.

Regulatory T cells ( $T_{reg}$ ) reduce pulmonary inflammation and lung injury in animal models of *Pneumocystis pneumonia* <sup>16</sup>. Activated CD4<sup>+</sup>CD25<sup>+</sup>FOXP3<sup>+</sup> T<sub>reg</sub> also suppress allergic airway inflammation <sup>17</sup>. We are particularly interested in the post-translational modification of FOXP3 as mechanisms to regulate the activity of  $T_{reg}$  <sup>18, 19</sup>. Acetylation of FOXP3 has been shown to increase the stability of the FOXP3 proteins <sup>19–21</sup>. Previously valproic acid (VPA), an HDAC inhibitor and a clinically safe compound, was shown to enhance the function of  $T_{reg}$  to suppress effector cells <sup>22</sup>. Here we report a strategy that utilizes VPA to improve virus vector-based gene transfer in the CF mouse lung. VPA treatment increased  $T_{reg}$  activity and reduced inflammation in the CF mouse lung as demonstrated by the reduction of the number of neutrophils. Furthermore, following VPA treatment we observed an increase in adenovirus vector-mediated gene expression. This study suggests that HDAC inhibitors may be developed and used as immune-modulators to improve gene therapy.

#### Results

## Increased number of $T_{\text{reg}}$ in the Bronchoalveolar lavage (BAL) fluid of CF mice

A CFTR knockout mouse model <sup>23</sup> has been used extensively to study CF-related disease and explore therapies. In our experiments to examine the role of  $T_{reg}$  in the CF mouse lung, we compared the number of  $T_{reg}$  in both CF and wild type (WT) age-matched mice. Splenocytes as well as cells isolated from the BAL fluid were harvested from CF and WT mice and analyzed for the presence of  $T_{reg}$  by FACS. No difference was observed in the frequency of spleen-derived  $T_{reg}$  between CF and WT mice. However, we did observe a higher percentage of  $T_{reg}$  in the BALF of CF mice when compared to the WT mice (7.7% ± 2.6 v.s. 0% ± 0, Fig 1B), a likely consequence of the preexisting inflammatory status of the CF mouse. Compared to WT mice, CF mice had an increased number of Ly6G+ neutrophils (Fig 1C), which are myeloid cells shown to contribute to the innate immune defense against microbial pathogens <sup>24</sup>.

#### HDACi enhances adenovirus-mediated transgene expression in lung

We first investigated if VPA could enhance adenovirus vector-mediated LacZ expression in mouse lung. CF mice were treated intraperitoneally with either low dose (1.33 mg) or high dose (2.67 mg) of VPA once daily for 4 days. On day 2 the mice were given intranasally (IN)  $5x10^{10}$  particles of Ad.LacZ vector in 50µl. Expression of LacZ was inspected on day 5.

#### VPA reduces inflammation in the lung of CF mice

the low dose of VPA (Figure 2E).

In CF mice treated with either the low or high dose of VPA, there was a considerable reduction in the neutrophil population but not in  $T_{reg}$  numbers (data not shown). To understand if the  $T_{reg}$  activity was changed by the VPA treatment, CD4<sup>+</sup>CD25<sup>high</sup>  $T_{reg}$  cells were isolated from the spleen and studied for their ability to suppress the proliferation of carboxyfluorescein diacetate succinimidyl ester (CFSE) –labeled primary CD4<sup>+</sup>CD25<sup>-</sup>CD45RB<sup>high</sup> T cells (representing effector T cells, T<sub>eff</sub>). Treatment with VPA dose-dependently increased  $T_{reg}$  activity in the BAL fluid of CF mice that received the Ad.LacZ vector and less  $T_{eff}$  underwent proliferation (Fig 2F).

We then studied the effect of VPA on CFTR gene transfer. Independent of the Ad.CFTR vector, VPA treatment only slightly increased the percentage of  $T_{reg}$  in the BAL fluid of CF mice (Figure 3A). The difference, however, was not statistically significant due to the significant variations between samples. Treatment with the Ad.CFTR vector alone did not appear to have an effect on the frequency of  $T_{reg}$  in the BAL fluid. In contrast, VPA treatment or Ad.CFTR vector delivery led to a reduction in the frequency of neutrophils (Ly6G+) in the BAL fluid, suggesting less inflammation in these mice. VPA treatment combined with the Ad.CFTR vector delivery had an additive significant effect on the reduction of neutrophils compared to the naïve group (p <0.05) (Fig 3B). To rule out a possible toxic effect of VPA on neutrophils, we also examined the population of splenocytes from each experimental group. VPA treatment did not significantly affect the frequency of neutrophils and  $T_{reg}$  frequency in spleen (Fig 3). Our data suggested that VPA treatment reduced BAL fluid neutrophil number by indirectly limiting inflammation and not by directly inducing cytotoxicity towards this population.

While the frequency of  $T_{reg}$  was not changed (Fig 3A), we investigated whether the  $T_{reg}$  activity was affected by either the VPA or the Ad.CFTR vector treatment. We examined  $T_{reg}$  for their ability to suppress  $T_{eff}$  cells as described above.  $T_{eff}$  and  $T_{reg}$  were mixed at a ratio of 2:1. The percentage of proliferative  $T_{eff}$  cells was reduced from 75.4% (in the absence of  $T_{reg}$ ) to 57% by the addition of  $T_{reg}$  from naïve CF mice (Fig. 4). In the presence of VPA-treated  $T_{reg}$ , the population of proliferating  $T_{eff}$  cells was further reduced to 48.1%, indicating an enhanced  $T_{reg}$  activity in CF mice following VPA treatment (Fig. 4). Interestingly, Ad.CFTR vector treatment had little effect on  $T_{reg}$  activity, and the effect of the combination of VPA and Ad.CFTR treatment was similar to the VPA only treatment (Fig. 4). These data are consistent with previous reported pro- $T_{reg}$  activity of VPA <sup>22</sup>. We expect that that CFTR expression in lung epithelial cells by the Ad.CFTR vector would limit inflammation by restoring CFTR activity and not by increasing  $T_{reg}$  activity. We speculate that by invoking two mechanisms the combination of the Ad.CFTR and VPA treatment may

lead to lower inflammation as seen by the lower frequency of neutrophils in BAL fluid (Fig 3).

#### Discussion

VPA has been shown to inhibit HDAC activity and affect the acetylation of histones and as such is expected to modulate gene transcription by promoting DNA decondensation <sup>18, 25</sup>. However, previous studies have demonstrated that HDAC inhibitors alone are insufficient to broadly modify gene expression. In a microarray study, the pan-HDAC inhibitor Trichostatin (TsA) was shown to influence (equal distribution of up- or down-regulation) the transcription of ~2% genes in T cells<sup>26</sup>. In another study using the pan-HDAC inhibitor LAQ824, the Toll-like receptor 4- dependent activation of macrophages was examined and only 5% of genes were found to be either up- or down-regulated <sup>27</sup>.

Fan and colleagues reported that treatment with VPA resulted in increased expression of exogenous genes in cells transduced with various viral-based gene transfer vectors, including adenovirus, adeno-associated virus and herpesvirus vectors <sup>28</sup>. Recently, the effect of VPA on adenovirus vector-mediated transduction was reported. VPA concentrations as low as 1 mM increased adenoviral transduction of glioma cells by 7 fold <sup>29</sup>. Although the pleiotropic effects of VPA may also contribute to the enhanced gene transfer in the airway observed in our study, the focus of our studies was the immunosuppressive effect of VPA through the regulation of  $T_{reg}$  activity (Fig 2).

Inflammatory responses that arise following virus vector-mediated gene therapy in CF airway may involve cytotoxic T cells <sup>13</sup>, T helper cells <sup>30</sup>, and dendritic cells <sup>31</sup>. CD4<sup>+</sup>CD25<sup>+</sup>FOXP3<sup>+</sup> T<sub>reg</sub> suppress the function of all these immune cells <sup>32</sup>. While T<sub>reg</sub> abnormalities have been reported in CF patients <sup>33</sup>, the role of T<sub>reg</sub> in CF disease pathogenesis remains unclear.

We examined CD4<sup>+</sup>CD25<sup>+</sup>FOXP3<sup>+</sup>  $T_{reg}$  isolated from CF mice and observed an increase in the number of both  $T_{reg}$  and neutrophils in BAL fluid. Our observations are consistent with previous reports of higher frequency of  $T_{reg}$  at sites of ongoing chronic inflammation in lung <sup>34</sup> and the pathological influx of neutrophils in the airways of CF due to the loss of the CFTR function <sup>35</sup>. In some CF patients, signs of inflammation, such as neutrophil accumulation, high concentration of IL-8 and abundance of free protease, is often observed in the airways even in the absence of an infection <sup>36</sup>.

Despite the increased number of cells, the  $T_{regs}$  in BAL fluid were not sufficient to control the pulmonary inflammation in CF due to airway infection. We hypothesize that the HDAC inhibitor VPA functions as an immune suppressor by promoting FOXP3 acetylation as previously shown<sup>18</sup> and enhancing the function of  $T_{reg}$ , as demonstrated in Figures 2F and 4.

FOXP3 has an essential role in the development and function of natural and induced  $T_{reg}$  and as such represents a key target to modulate  $T_{reg}$  functions<sup>18, 37</sup>. Acetylation of FOXP3 is linked to stability of FOXP3 <sup>21, 38</sup> that can be regulated by acetyltransferases (i.e. p300 and TIP60) and deacetylases (i.e. HDAC7, HDAC9 and SIRT1) <sup>20, 37, 39</sup>. Recent studies suggest

that *in vivo* treatment with VPA increases the number and function of CD4<sup>+</sup>CD25<sup>+</sup>FOXP3<sup>+</sup> cells and reduces disease severity in the collagen-induced arthritis-animal model <sup>22</sup>. In our study CF mice were characterized by highly elevated levels of  $T_{reg}$  cells in the BAL fluid compared to WT mice (Fig 1B). Although VPA may further increase the frequency of  $T_{reg}$  in CF mice, we propose that the ability of VPA to enhance  $T_{reg}$  suppressive function is more critical and may instantly induce the pre-localized  $T_{reg}$ .

Unexpectedly, we found that treatment with Adenovirus vector reduced  $T_{reg}$  activity in CF mice. As shown in Fig. 2F, mice treated with only Ad.LacZ had much lower  $T_{reg}$  activity than the control. It is unclear whether the induced inactivation of  $T_{reg}$  function by Ad.LacZ vector is related to the influence of the virus vector on host immune system. Treatment with VPA prior to Ad.LacZ gene transfer restored  $T_{reg}$  activity. We found that VPA treatment decreases neutrophil infiltration in the lung of CF mice (Figure 3B). Co-treatment of VPA with the Ad.CFTR vector further reduced the numbers of neutrophils in the BAL fluid of CF mice.

The capability of CD4<sup>+</sup>CD25<sup>+</sup>Foxp3<sup>+</sup> T<sub>reg</sub> to reduce neutrophil survival and limit inflammatory response was reported in several models <sup>43, 44</sup>. In a LPS induced lung injury model, alveolar infiltration of both T<sub>reg</sub> and neutrophils were observed after acute lung injury, and the transfer of T<sub>reg</sub> to injured mice enhanced the clearance of neutrophils from BAL fluid <sup>44</sup>. Our data suggest that by inducing the activity of T<sub>reg</sub>, VPA appears to reduce neutrophils in the lung.

The clinical utility of Ad-based vectors for lung-gene therapy is severely limited by their immunogenicity and low transduction efficiency of airway epithelial cells <sup>40</sup>. Compared with Ad-based vectors, adeno-associated virus (AAV)-based vectors are less inflammatory and thus favorable for repeat administration and long-term transgene expression. Furthermore, several AAV serotypes exist with improved targeting and transduction of airway epithelial cells <sup>41, 42</sup>. Here, we demonstrate the use of the immune-suppressive HDAC inhibitor VPA to enhance transgene expression.

In summary, VPA may complement the effectiveness of CFTR gene transfer by inducing  $T_{reg}$  activity *in vivo*. Our studies support further evaluation of VPA as a potential complimentary therapeutic to diminish inflammation in CF airway. Other HDAC inhibitors (e.g. vorinostat and romidepsin <sup>45</sup>) that have been approved for clinical use can also be explored for their activity to facilitate virus vector-based gene transfer.

#### Materials and Methods

#### Animals studies

Studies utilizing mice were performed in accordance with protocols approved by the Institutional Animal Care and Use Committee of the University of Pennsylvania. Adenovirus-based vector at a dose of  $5 \times 10^{10}$  particles /mouse were delivered in 50µl of PBS IN as described previously <sup>46</sup>. For the VPA plus the Ad.LacZ vector group, mice were treated daily with either 1.33 mg (low dose group) or 2.67mg (high dose group) delivered intraperitoneally (IP) for 4 consecutive days. The Ad.LacZ vector was dosed on the second

day after VPA injection. On the fifth day, BAL fluid and lung tissue were collected. For the VPA plus the Ad.CFTR vector group, mice were first treated with 2 mg VPA or PBS by i.p. injection before and on the day of virus vector administration. Mice were further treated with 8 mg VPA three times over the period of one week after receiving the Ad.CFTR vector. Spleen cells and BAL fluid were collected for the analysis. PBS was used as the control treatment. Lungs from mice were inflated with 1:1 PBS/OCT, prepared as 8µm tissue sections and stained for LacZ expression. The slides were counterstained with Safranin O for LacZ expression <sup>46</sup>.

#### Flow cytometry

Spleen cells and BAL fluid cells were collected and a single suspension of cells were incubated with 5% FCS containing PBS to block the Fc receptor. Cells were stained with anti CD4-FITC, CD25-PE (BD Pharmingen) and anti-Ly6G (Biolegend). After washing, cells were fixed and stained with anti Foxp3- APC (eBioscience) using Foxp3 staining buffer set (eBioscience). Flow cytometry was performed by LSRII (BD) at the University of Pennsylvania Flow Cytometry Core Facility.

#### In vitro Treg suppression assay

CD4<sup>+</sup> T cells were isolated from the spleen of mice using the MACS CD4<sup>+</sup> T cell isolation kit II (Miltenyi). CD4<sup>+</sup>CD25<sup>-</sup>CD45RB<sup>high</sup> T<sub>eff</sub> cells and CD4<sup>+</sup>CD25<sup>high</sup> T<sub>reg</sub> were isolated by FACS Aria II, yielding a purity of ~ 97% for both type of cells. T<sub>eff</sub> were labeled with CFSE (Invitrogen), stimulated with anti-CD3/CD28 beads (Invitrogen), and co-cultured with different ratio of T<sub>reg</sub>. After 3 days of co-culture in RPMI supplemented with 10% FBS, 1X non-essential amino acids (Invitrogen), 2mM sodium pyruvate (Invitrogen) and 50 $\mu$ M  $\beta$ -mercaptoethanol (Sigma), cells were harvested and in vitro proliferation of lymphocytes was analyzed by the FACSCanto Flow Cytometry.

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## References

- Massie J, Curnow L, Gaffney L, Carlin J, Francis I. Declining prevalence of cystic fibrosis since the introduction of newborn screening. Archives of disease in childhood. 2010; 95(7):531–3. [PubMed: 20551198]
- Koehler DR, Downey GP, Sweezey NB, Tanswell AK, Hu J. Lung inflammation as a therapeutic target in cystic fibrosis. American journal of respiratory cell and molecular biology. 2004; 31(4): 377–81. [PubMed: 15381503]
- Rowe SM, Miller S, Sorscher EJ. Cystic fibrosis. The New England journal of medicine. 2005; 352(19):1992–2001. [PubMed: 15888700]
- Bonfield TL, Panuska JR, Konstan MW, Hilliard KA, Hilliard JB, Ghnaim H, et al. Inflammatory cytokines in cystic fibrosis lungs. American journal of respiratory and critical care medicine. 1995; 152(6 Pt 1):2111–8. [PubMed: 8520783]

- Riordan JR, Rommens JM, Kerem B, Alon N, Rozmahel R, Grzelczak Z, et al. Identification of the cystic fibrosis gene: cloning and characterization of complementary DNA. Science. 1989; 245(4922):1066–73. [PubMed: 2475911]
- Griesenbach U, Geddes DM, Alton EW. Gene therapy progress and prospects: cystic fibrosis. Gene therapy. 2006; 13(14):1061–7. [PubMed: 16819538]
- 7. Ziady AG, Davis PB. Current prospects for gene therapy of cystic fibrosis. Current opinion in pharmacology. 2006; 6(5):515–21. [PubMed: 16890018]
- Prickett M, Jain M. Gene therapy in cystic fibrosis. Translational research : the journal of laboratory and clinical medicine. 2013; 161(4):255–64. [PubMed: 23273902]
- Rich DP, Anderson MP, Gregory RJ, Cheng SH, Paul S, Jefferson DM, et al. Expression of cystic fibrosis transmembrane conductance regulator corrects defective chloride channel regulation in cystic fibrosis airway epithelial cells. Nature. 1990; 347(6291):358–63. [PubMed: 1699126]
- Drumm ML, Pope HA, Cliff WH, Rommens JM, Marvin SA, Tsui LC, et al. Correction of the cystic fibrosis defect in vitro by retrovirus-mediated gene transfer. Cell. 1990; 62(6):1227–33. [PubMed: 1698126]
- Yang Y, Li Q, Ertl HC, Wilson JM. Cellular and humoral immune responses to viral antigens create barriers to lung-directed gene therapy with recombinant adenoviruses. Journal of virology. 1995; 69(4):2004–15. [PubMed: 7884845]
- 12. Wilson JM. Adeno-associated virus and lentivirus pseudotypes for lung-directed gene therapy. Proceedings of the American Thoracic Society. 2004; 1(4):309–14. [PubMed: 16113451]
- Yang Y, Su Q, Wilson JM. Role of viral antigens in destructive cellular immune responses to adenovirus vector-transduced cells in mouse lungs. Journal of virology. 1996; 70(10):7209–12. [PubMed: 8794368]
- Jooss K, Turka LA, Wilson JM. Blunting of immune responses to adenoviral vectors in mouse liver and lung with CTLA4Ig. Gene therapy. 1998; 5(3):309–19. [PubMed: 9614550]
- Sack BK, Herzog RW. Evading the immune response upon in vivo gene therapy with viral vectors. Current opinion in molecular therapeutics. 2009; 11(5):493–503. [PubMed: 19806497]
- McKinley L, Logar AJ, McAllister F, Zheng M, Steele C, Kolls JK. Regulatory T cells dampen pulmonary inflammation and lung injury in an animal model of pneumocystis pneumonia. Journal of immunology. 2006; 177(9):6215–26.
- Wilson MS, Taylor MD, Balic A, Finney CA, Lamb JR, Maizels RM. Suppression of allergic airway inflammation by helminth-induced regulatory T cells. J Exp Med. 2005; 202(9):1199–212. [PubMed: 16275759]
- Zhang H, Xiao Y, Zhu Z, Li B, Greene MI. Immune regulation by histone deacetylases: a focus on the alteration of FOXP3 activity. Immunology and cell biology. 2012; 90(1):95–100. [PubMed: 22124370]
- Du T, Nagai Y, Xiao Y, Greene MI, Zhang H. Lysosome-dependent p300/FOXP3 degradation and limits T cell functions and enhances targeted therapy against cancers. Exp Mol Pathol. 2013; 95(1):38–45. [PubMed: 23644046]
- van Loosdregt J, Vercoulen Y, Guichelaar T, Gent YY, Beekman JM, van Beekum O, et al. Regulation of Treg functionality by acetylation-mediated Foxp3 protein stabilization. Blood. 2010; 115(5):965–74. [PubMed: 19996091]
- Song X, Li B, Xiao Y, Chen C, Wang Q, Liu Y, et al. Structural and biological features of FOXP3 dimerization relevant to regulatory T cell function. Cell Rep. 2012; 1(6):665–75. [PubMed: 22813742]
- Saouaf SJ, Li B, Zhang G, Shen Y, Furuuchi N, Hancock WW, et al. Deacetylase inhibition increases regulatory T cell function and decreases incidence and severity of collagen-induced arthritis. Exp Mol Pathol. 2009; 87(2):99–104. [PubMed: 19577564]
- Snouwaert JN, Brigman KK, Latour AM, Malouf NN, Boucher RC, Smithies O, et al. An animal model for cystic fibrosis made by gene targeting. Science. 1992; 257(5073):1083–8. [PubMed: 1380723]
- Nathan C. Neutrophils and immunity: challenges and opportunities. Nature reviews Immunology. 2006; 6(3):173–82.

- 25. Wang Z, Zang C, Cui K, Schones DE, Barski A, Peng W, et al. Genome-wide mapping of HATs and HDACs reveals distinct functions in active and inactive genes. Cell. 2009; 138(5):1019–31. [PubMed: 19698979]
- 26. Moreira JM, Scheipers P, Sorensen P. The histone deacetylase inhibitor Trichostatin A modulates CD4+ T cell responses. BMC cancer. 2003; 3:30. [PubMed: 14606959]
- Brogdon JL, Xu Y, Szabo SJ, An S, Buxton F, Cohen D, et al. Histone deacetylase activities are required for innate immune cell control of Th1 but not Th2 effector cell function. Blood. 2007; 109(3):1123–30. [PubMed: 17008546]
- Fan S, Maguire CA, Ramirez SH, Bradel-Tretheway B, Sapinoro R, Sui Z, et al. Valproic acid enhances gene expression from viral gene transfer vectors. Journal of virological methods. 2005; 125(1):23–33. [PubMed: 15737413]
- 29. Stedt H, Samaranayake H, Pikkarainen J, Maatta AM, Alasaarela L, Airenne K, et al. Improved therapeutic effect on malignant glioma with adenoviral suicide gene therapy combined with temozolomide. Gene therapy. 2013
- 30. Ferrari S, Griesenbach U, Geddes DM, Alton E. Immunological hurdles to lung gene therapy. Clinical and experimental immunology. 2003; 132(1):1–8. [PubMed: 12653829]
- Zhang Y, Chirmule N, Gao G, Wilson J. CD40 ligand-dependent activation of cytotoxic T lymphocytes by adeno-associated virus vectors in vivo: role of immature dendritic cells. Journal of virology. 2000; 74(17):8003–10. [PubMed: 10933709]
- 32. Rudensky AY, Campbell DJ. In vivo sites and cellular mechanisms of T reg cell-mediated suppression. J Exp Med. 2006; 203(3):489–92. [PubMed: 16533888]
- Lahat N, Rivlin J, Iancu TC. Functional immunoregulatory T-cell abnormalities in cystic fibrosis patients. Journal of clinical immunology. 1989; 9(4):287–95. [PubMed: 2527866]
- Curotto de Lafaille MA, Kutchukhidze N, Shen S, Ding Y, Yee H, Lafaille JJ. Adaptive Foxp3+ regulatory T cell-dependent and -independent control of allergic inflammation. Immunity. 2008; 29(1):114–26. [PubMed: 18617425]
- 35. Conese M, Copreni E, Di Gioia S, De Rinaldis P, Fumarulo R. Neutrophil recruitment and airway epithelial cell involvement in chronic cystic fibrosis lung disease. Journal of cystic fibrosis : official journal of the European Cystic Fibrosis Society. 2003; 2(3):129–35. [PubMed: 15463861]
- 36. Cohen TS, Prince A. Cystic fibrosis: a mucosal immunodeficiency syndrome. Nature medicine. 2012; 18(4):509–19.
- Xiao Y, Li B, Zhou Z, Hancock WW, Zhang H, Greene MI. Histone acetyltransferase mediated regulation of FOXP3 acetylation and Treg function. Curr Opin Immunol. 2010; 22(5):583–91. [PubMed: 20869864]
- Li B, Saouaf SJ, Samanta A, Shen Y, Hancock WW, Greene MI. Biochemistry and therapeutic implications of mechanisms involved in FOXP3 activity in immune suppression. Current opinion in immunology. 2007; 19(5):583–8. [PubMed: 17703930]
- Li B, Greene MI. FOXP3 actively represses transcription by recruiting the HAT/HDAC complex. Cell Cycle. 2007; 6(12):1432–6. [PubMed: 17592252]
- 40. Conese M, Ascenzioni F, Boyd AC, Coutelle C, De Fino I, De Smedt S, et al. Gene and cell therapy for cystic fibrosis: from bench to bedside. Journal of cystic fibrosis : official journal of the European Cystic Fibrosis Society. 2011; 10 (Suppl 2):S114–28. [PubMed: 21658631]
- Limberis MP, Wilson JM. Adeno-associated virus serotype 9 vectors transduce murine alveolar and nasal epithelia and can be readministered. Proceedings of the National Academy of Sciences of the United States of America. 2006; 103(35):12993–8. [PubMed: 16938846]
- Limberis MP, Vandenberghe LH, Zhang L, Pickles RJ, Wilson JM. Transduction efficiencies of novel AAV vectors in mouse airway epithelium in vivo and human ciliated airway epithelium in vitro. Molecular therapy : the journal of the American Society of Gene Therapy. 2009; 17(2):294– 301. [PubMed: 19066597]
- Richards H, Williams A, Jones E, Hindley J, Godkin A, Simon AK, et al. Novel role of regulatory T cells in limiting early neutrophil responses in skin. Immunology. 2010; 131(4):583–92. [PubMed: 20722759]

- 44. D'Alessio FR, Tsushima K, Aggarwal NR, West EE, Willett MH, Britos MF, et al. CD4+CD25+Foxp3+ Tregs resolve experimental lung injury in mice and are present in humans with acute lung injury. J Clin Invest. 2009; 119(10):2898–913. [PubMed: 19770521]
- New M, Olzscha H, La Thangue NB. HDAC inhibitor-based therapies: can we interpret the code? Molecular oncology. 2012; 6(6):637–56. [PubMed: 23141799]
- 46. Price A, Limberis M, Gruneich JA, Wilson JM, Diamond SL. Targeting viral-mediated transduction to the lung airway epithelium with the anti-inflammatory cationic lipid dexamethasone-spermine. Molecular therapy : the journal of the American Society of Gene Therapy. 2005; 12(3):502–9. [PubMed: 16099413]

Nagai et al.



## Figure 1.

Comparison of  $T_{reg}$  and neutrophil frequencies in CF and WT mice. (A) Splenocytes and (B, C) BAL fluid cells harvested from CF mice and WT mice were analyzed by FACS. The ratio of CD4+Foxp3+/ CD4+ reflects the frequency of  $T_{reg}$  as the percentage of the CD4 positive population. Data are presented as the average of 3 mice. Error bar denotes SEM. \*\*P < 0.01, T test. CF: cystic fibrosis, WT: wild type.



## CFSE-A

#### Figure 2.

Adenovirus-mediated LacZ gene expression in CF mouse lung. CF mice were subjected to VPA treatment and dosed with  $5x10^{10}$  of the Ad.LacZ vector IN. Representative images from (A) Naïve mice, (B) Ad.LacZ vector-treated mice, (C) Low dose VPA (1.33 mg daily) and Ad.LacZ vector-treated mice and (D) High dose VPA (2.67 mg daily) and Ad.LacZ vector-treated mice. (E) Quantification of LacZ positive cells in the lung of the Ad.LacZ vector treated mice. Values are presented as the average of 3 mice. Error bar denotes SD. \*P < 0.05, Dunnett's multiple comparison test. (F) T<sub>reg</sub> function in CF mice treated with the Ad.LacZ vector and VPA. CFSE-labeled T<sub>eff</sub> cells were isolated from the spleen and incubated with T<sub>reg</sub> at the indicated ratios. The proliferative fraction of T<sub>eff</sub> cells is shown. CF: cystic fibrosis, WT: wild type



#### Figure 3.

In vivo effect of VPA. BAL fluid or spleen cells from mice subjected to different treatments as noted were collected for FACS analysis. Frequency of (A)  $T_{reg}$  and (B) neutrophils was analyzed using FACS. \* P < 0.05, t-test.



### Figure 4.

VPA enhances  $T_{reg}$  function. CFSE-labeled  $T_{eff}$  cells were co-cultured with  $T_{reg}$  from CF mice that were treated with VPA, the Ad.CFTR vector or with the combination of VPA and the Ad.CFTR vector. Cells were analyzed by FACS, the proliferative fraction of  $T_{eff}$  cells was calculated is presented.