

Regulation of Intestinal Immune System by Dendritic Cells

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Innate immune cells survey antigenic materials beneath our body surfaces and provide a front-line response to internal and external danger signals. Dendritic cells (DCs), a subset of innate immune cells, are critical sentinels that perform multiple roles in immune responses, from acting as principal modulators to priming an adaptive immune response through antigen-specific signaling. In the gut, DCs meet exogenous, non-harmful food antigens as well as vast commensal microbes under steady-state conditions. In other instances, they must combat pathogenic microbes to prevent infections. In this review, we focus on the function of intestinal DCs in maintaining intestinal immune homeostasis. Specifically, we describe how intestinal DCs affect IgA production from B cells and influence the generation of unique subsets of T cell. [Immune Network 2015;15(1):1-8]

Keywords: Dendritic cells, Gut, Regulatory T cells, Th17, Secretory IgA

INTRODUCTION

Our body is covered with tight physical barriers of skin and mucosal tissues. Mucosal surfaces are constantly exposed to the external environment, which includes commensal microbes and exogenous antigens. When pathogenic microbes breach the surface barrier, surveillance systems beneath sense the trespassers and send an alarm to defense headquarters.

Mucosal immune tissues comprise lymphoid organs associated with the gastro-intestinal tract (e.g., intestine, oral cavity and pharynx), respiratory tract, and urogenital tract, as well as the glands associated with these tissues, such as the salivary glands and lacrimal glands (1). The lactating breast is also a mucosal immune tissue. Mucosal immunity can maintain peaceful body surface by generating secretory IgA (sIgA) from B cells as well as priming specific T cell immunity. The intestine, especially, harbors an enormous community of commensal microorganisms that may contribute to host defense by enforcing the host's barrier function (2) or by competing against other microorganisms metabolically (3,4). Dendritic cells (DCs) or other phagocytic cells continuously survey the mucosal environment by using innate pattern recognition receptors and sample antigens prior to integrate adaptive immune system. These cells also can adjust suppressive regulation to innocuous antigens by inducing Tregs and keep distance to commensals by producing sIgA. Moreover, these cells protect against pathogenic invasion by generating various kinds of helper T (T_H) and CD8⁺ T cells as well as helping to produce sIgA antibodies. Here, we provide an overview of the gut immune response, focusing on unique functional features of intestinal DCs and other phagocytic cells.

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Abbreviations: DC, dendritic cell; sIgA, secretory IgA; SI, small intestine; FcRn, neonatal Fc receptors; iNOS, inducible nitric oxide synthase; Tip DC, TNF- α /iNOS producing DC; pDC, plasmacytoid DC; Treg, regulatory T cell; GAP, goblet cell associated antigen passage; MLN, mesenteric lymph node; RALDH2, retinaldehyde dehydrogenase type 2; RA, retinoic acid; ILE, isolated lymphoid follicle; SFB, segmented filamentous bacteria; APRIL, a proliferation-inducing ligand; BAFF, B cell-activating factor belonging to the TNF family; CSR, class-switch DNA recombination

INTESTINAL DCs AND MACROPHAGE SUBSETS

Lamina propria DCs in the small intestine (SI) have been well studied as one of the intestinal DC subsets. CD11c⁺ major histocompatibility (MHC) class II⁺ cells in the gut comprise DCs as well as phagocytic macrophages. Genuine DCs are a CD11c^{high} MHC class II^{high} population, whereas macrophages are a CD11c^{low} MHC class II^{low} population (5). Lamina propria phagocytic cells in the gut have different origins and functions (6). CD103-expressing DCs are widely present in non-lymphoid tissues. CD103⁺ DC subsets are differentiated by Flt3 ligand-dependent manner whereas CX3CR1-expressing phagocytic cells are dependent on CSF-1R (6). Peripheral CD103⁺CD11b⁻ DCs are developmentally dependent on Batf3 and are related to CD8 α ⁺ conventional DCs (7). DC migration is tightly controlled by the expression of CCR7, and it can be largely classified as non-migratory and migratory (8,9). Non-migratory DCs are generally tissue-resident macrophage-like cells. Migratory DCs travel into draining lymph no-

des with sampled antigen and can be infiltrated under inflammation. DC and phagocytic cells in the gut and their functions therein are listed in Table I. In the gut, CD103⁺CD11b⁺ DCs has been well reported by the function to induce lymphocytes. Gut CD103⁺ DCs comprise two major subsets, CD103⁺CD11b⁺ and CD103⁺CD11b⁻ DCs (10). CD103⁺CD11b⁻ DCs are the dominant population of CD103⁺ DC in the Peyer's patches and colon lamina propria (11). In contrast, CD103⁺CD11b⁺ DCs are the major DC subset in the SI lamina propria (12). In addition, recent reports regarding resident CX3CR1⁺ phagocytic cells are increasing. TNF- α /iNOS-producing DCs (Tip DCs) were initially reported in the spleen, where they released large amounts of nitric oxide (NO) after recognizing commensal bacteria through toll-like receptors (TLRs) (13). Several TLR-expressing DCs are reported to induce IgA production. Gut plasmacytoid DCs (pDCs) can induce IgA production and repress inflammation. The detailed function of each subset will be discussed later.

Table I. Representative subsets of DCs and phagocytes in the intestine

Name	Phenotype	Characteristic features	Functions	References
CD103 ⁺ CD11b ⁺ DCs	CD103 ⁺ CD11b ⁺	CCR7 expression : migration into LN RALDH2 expression : RA production Antigen uptake by extending long dendrite or goblet cell associated antigen passage (GAP) TLR stimulation: IL-6 production TLR5 stimulation: IL-23, IL-22 production	CD4 ⁺ Foxp3 ⁺ Treg generation IgA class switching Imprinting of lymphocyte gut homing by expression of CCR9 T _H 17 generation RegIII γ induction	(17-19, 51) (41) (43, 52) (28) (33) (34)
CD103 ⁺ CD11b ⁻ DCs	CD103 ⁺ CD11b ⁻ CD8 $\alpha\alpha$ ⁺	Expression of TLR3, TLR7, and TLR9 Production of IL-6 and IL-12p40	T _H 1 response and CTL activity	(36)
CX3CR1 ⁺ cells	CX3CR1 ⁺ F4/80 ⁺ CD11b ⁺	No CCR7 expression: tissue-resident Antigen uptake by extending long dendrite from luminal antigen and bacteria Uptake of circulatory antigen IL-10 production IL-22 induction by ILC3	Bacteria clearance Generation of regulatory CD8 ⁺ T cells (CD8 $\alpha\beta$ ⁺ TCR $\alpha\beta$ ⁺) Treg expansion Enhanced barrier integrity	(22) (23) (21) (24)
Tip DCs	TNF- α ⁺ iNOS ⁺ CD11b ⁺	TGF- β APRIL and BAFF production	IgA production	(13)
TLR5 ⁺ DCs	TLR5 ⁺ CD11c ^{hi} CD11b ^{hi} F4/80 ⁺ CD103 ⁺	IL-6 production RALDH2 expression : RA production Expression of TLR5 and TLR9	Differentiation of T _H 17 and T _H 1 cells Generation of IgA-producing cells	(35)
pDCs	CD11c ^{int} B220 ⁺ mPDCA1 ⁺	Type I IFN receptor expression APRIL and BAFF production IL-10 induction by CD4 ⁺ T cells	T cell-independent IgA production Immune suppression	(39) (25)

REGULATORY T CELLS AND INTESTINAL DCs

The SI shows a strong propensity for immune suppression in response to exogenous antigens. The presentation of innocuous food antigens by antigen-presenting cells induces oral tolerance by generation of inducible regulatory T (Treg) cells (14). CD103⁺CD11b⁺ DCs can sample soluble antigens from the intestinal lumen through a process termed goblet cell-associated antigen passages (GAPs) (15) (Fig. 1). These DCs can also patrol among enterocytes while extending dendrites toward the lumen (16). These intraepithelial CD103⁺ DCs are recruited to sample bacterial antigens for presentation. In the SI lamina propria as well as mesenteric lymph node (MLN), these DCs express retinaldehyde dehydrogenase type 2 (RALDH2) which can convert retinal to retinoic acid (RA), a metabolic derivative of vitamin A found in food. This DC subset can induce regulatory Foxp3⁺CD4⁺ T cells dependent on RA and TGF- β (17-19); Alternatively, CD11b⁺F4/80⁺CD11c⁻ macrophages in the lamina propria has been reported as more potent inducers of Treg cells than DCs (20). CX3CR1⁺ phagocytic cells in the lamina propria support ex-

pansion of the Foxp3⁺CD4⁺ Treg cell population by producing IL-10 to harness immune tolerance (21). CX3CR1⁺ phagocytic cells can capture *Salmonella* by extending dendrites across epithelium in a CX3CR1-dependent manner (22). Antigens captured by CX3CR1⁺ phagocytic cells can be transferred through gap junctions to CD103⁺ DCs in the lamina propria to establish oral tolerance (23). In addition to luminal antigen, lamina propria CX3CR1⁺ cells facilitate the surveillance of circulatory antigens from blood vessels (24). These cells fail to prime naïve CD4⁺ T cells; however, cross-presentation by these cells can induce priming of and differentiation into CD8⁺ T cells that express IL-10, IL-13, and IL-9. These CD8⁺ T cells can suppress pathogen-specific CD4⁺ T cell activation through IL-10 (24). Finally, these CD8⁺ T cells act as a regulatory CD8 $\alpha\beta$ ⁺TCR $\alpha\beta$ ⁺ T cell population in the epithelium, CX3CR1⁺ cells regulate colonic IL-22 producing group 3 innate lymphoid cells (ILC3) to promote mucosal healing and maintain barrier integrity (25). Therefore, CD103⁺ DCs and CX3CR1⁺ phagocytic cells can generate two distinct regulatory T cell subsets by different mechanisms to maintain gut immune homeostasis at steady state (Fig. 1). pDCs may me-

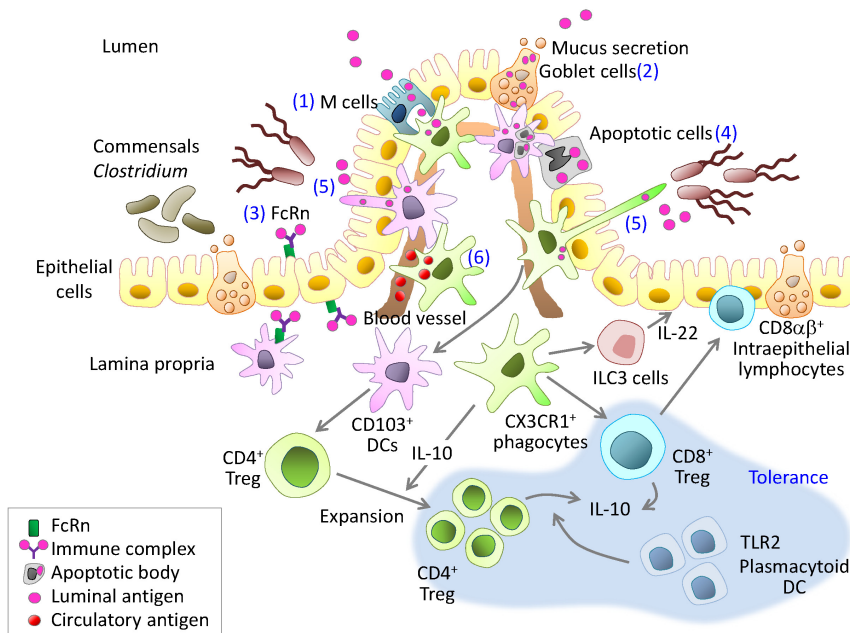


Figure 1. Regulatory T cells induced by intestinal DCs. Intestinal DCs can take up antigen indirectly through M cell-dependent (1), Goblet cell-dependent (2), and neonatal Fc receptor (FcRn)-dependent (3), and apoptosis-dependent manner (4). Alternatively, intestinal DCs can sample luminal antigen using intraepithelial dendrites (5). CX3CR1⁺ phagocytes facilitate the surveillance of circulatory antigens (6). Under steady-state conditions, CD103⁺ DCs induce Foxp3⁺CD4⁺ Tregs using retinoic acid by delivering luminal innocuous antigen. CX3CR1⁺ phagocytes can induce CD8⁺ Tregs to both luminal and circulatory antigens. These cells can expand the Foxp3⁺CD4⁺ Treg populations by IL-10 secretion in the intestinal lamina propria. Plasmacytoid DCs can produce IL-10 in response to TLR2.

diate anti-inflammatory responses following TLR2-polysaccharide A signaling (26) and Type I interferon supports Treg function and regulates colitis (27,28).

T CELL DIFFERENTIATION AND INTESTINAL DCs

After DCs sample antigen in the lamina propria, they can present antigenic epitope to naïve T cells in the isolated lymphoid follicles (ILF) or draining MLN. Distinct DCs subset instructs T cell differentiation (Fig. 2). CD103⁺CD11b⁺ DCs, one of the major DC subset in the SI lamina propria, are primarily a migratory population that responds to CCR7 expression and can be infiltrated under inflammatory conditions (29,30). Segmented filamentous bacteria (SFB), murine commensal bacteria, are shown to be sufficient for T_H17 differentiation (31). MHC II-dependent presentation of SFB antigens by intestinal DCs is crucial for T_H17 cell induction (32). Most T_H17 cells recognize antigenic repertoires derived from SFB (33). CD103⁺CD11b⁺ DCs produce IL-6 with TLR stimuli which enable to induce T_H17 cell differentiation (34). Several studies suggest the possibility that CD103⁺CD11b⁺ DCs might interact with

SFB and link signals to induce T_H17. CD103⁺CD11b⁺ DCs can express high amounts of IL-23 following TLR5 stimuli and then drove IL-22-dependent RegIII γ production from Paneth cells (35). TLR5⁺ DCs promote the differentiation of antigen-specific T_H17 and T_H1 cells following stimulation by flagellin, a TLR5 ligand (36). CD103⁺CD11b⁻CD8 α ⁺ DCs expressing TLR3, TLR7, and TLR9 can produce IL-6 and IL-12p40 following stimulation of the respective TLR ligands (37). These DCs induce a T_H1 response and cytotoxic T lymphocytes (CTL). CX3CR1⁺ phagocytic cells contribute to intestinal clearance of intracellular bacteria. While their function under conditions of inflammation or infection remains unclear, their suppressive functions are well described at steady state.

SECRETORY IgA AND INTESTINAL DCs

A unique feature of the mucosal immune system is local production of sIgA from plasma cells differentiated from B cells. IgA class switching generally occurs in gut-associated lymphoid tissues including Peyer's patches, MLNs, and ILFs within the lamina propria. SFB stimulates the postnatal develop-

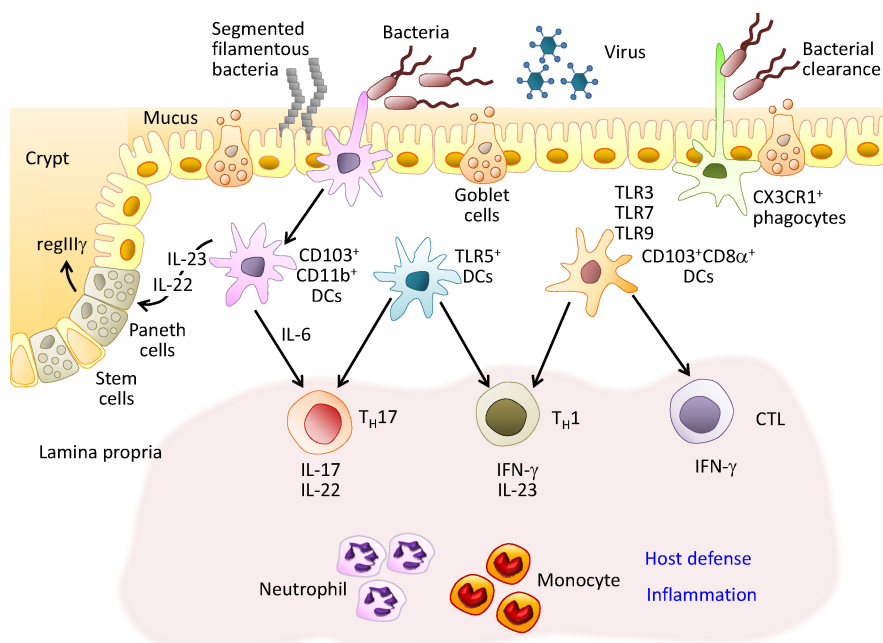


Figure 2. Helper T cell induced by intestinal DCs. CD103⁺CD11b⁺ DCs and TLR5⁺ DCs induce T_H17 cells. TLR5⁺ DCs and CD103⁺CD8 α ⁺ DCs can induce T_H1 cells by means of TLR signaling. CD103⁺CD8 α ⁺ DCs can also induce CTL. Induced helper T cell and CD8⁺ T cells confer host defense and further inflammation. Intraepithelial CD103⁺ DCs and CX3CR1⁺ phagocytes can sample pathogenic bacteria by extending long dendrites across the epithelium to directly defend against bacterial infection. CD103⁺CD11b⁺ DCs produce IL-23 and IL-22 to promote anti-microbial peptide production from Paneth cells.

ment of ILFs and tertiary lymphoid tissue in the SI lamina propria, which can substitute for Peyer's patches as inductive sites for intestinal IgA (38). Intestinal IgA coating identifies inflammatory commensals that drive intestinal disease like inflammatory bowel disease (33,39). The sIgA within mucus establishes distance with commensals and forms a barrier between invading and commensal microorganisms. Intestinal DCs support IgA isotype class-switching and differentiation into IgA-secreting plasma cells, either together with the assistance of T_H cells or in a T cell-independent manner by expressing B cell-activating factors (BAFFs) and a proliferation-inducing ligand (APRIL) (Fig. 3). Intestinal pDCs, in particular, have been shown to induce IgA production by expressing these factors (40). When commensal bacteria are recognized through TLRs, Tip DCs release large amounts of NO which enhances IgA class-switch DNA recombination (CSR) in B cells by inducing DC expression of BAFF and APRIL (13). Further, RA can be converted by RALDH2 from dietary vitamin A in DCs, and DCs expressing RALDH2 can also induce IgA CSR (41). Lamina propria CD103⁺CD11b⁺ DCs, Tip DCs, and TLR5⁺ DCs express RALDH2 and produce RA, which in turn can be used for IgA production together with TGF- β (13,36,42). Langerin-expressing DCs in the MLNs that emerge following

trans-cutaneous vaccination can also induce RA-dependent antigen-specific IgA production in the SI (43). Moreover, RA confers gut homing signature such as $\alpha_4\beta_7$ integrin and CCR9 on lymphocytes (42,44). Therefore, RA is essential to maintaining the intestinal immune environment (45,46). In normal lamina propria, large numbers of eosinophils are present, accounting for approximately 5% of all lamina propria leukocytes (47). Recently, eosinophils have been found to promote the generation and maintenance of IgA-producing plasma cells by inducing B cell activating factors (48) and supporting the function of CD103⁺ DCs (49).

CONCLUSION AND FUTURE PERSPECTIVE

In this review, we focused on the integral role of intestinal DCs in shaping the unique intestinal immunity. The advent of advanced experimental techniques for surveying mucosal tissues and analyzing metagenomic data of commensals, along with the wide availability of germ-free mice has facilitated a growing understanding of this unique mucosal immune environment. Diverse microbiota can drive microbe-dependent CD4 effector T-cell programs. For example, *Clostridium* strains provide a rich environment of TGF- β and induce

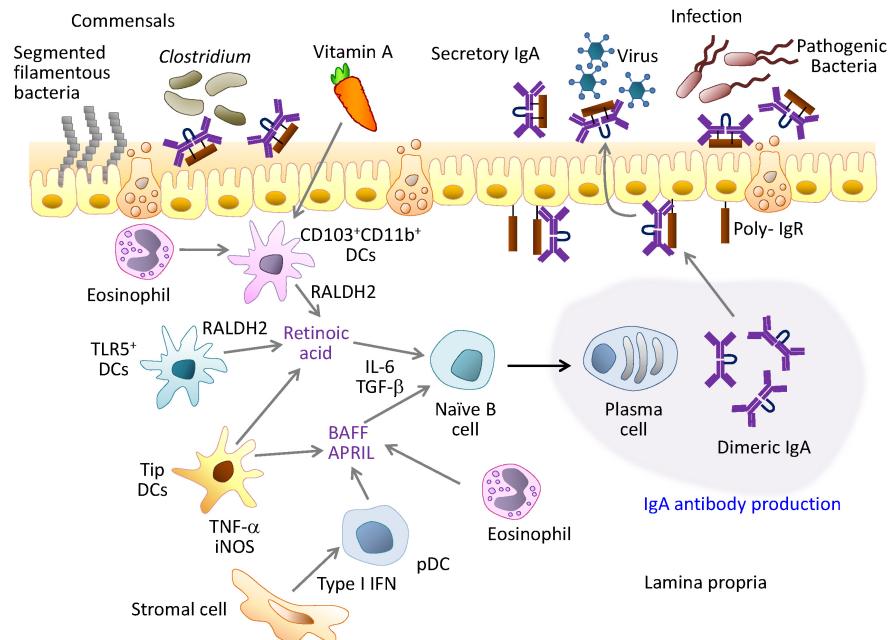


Figure 3. Intestinal DCs support secretory IgA generation. Gut CD103⁺CD11b⁺ DCs, Tip DCs, and TLR5⁺ DCs express RALDH2 that is converted into retinoic acid from dietary vitamin A and can be used for IgA production. Gut pDCs and Tip DCs induce IgA generation from B cells by expressing BAFF and APRIL. Eosinophils promote IgA production by expressing BAFF and APRIL or support the function of CD103⁺ DCs.

Foxp3⁺ Treg in the colon (50,51), and SFB induce the generation of T_H17 cell by IL-6 production from DCs (32). Some pathogens (e.g., *Listeria* spp.) specifically induce T_H1 cells (33). Thus, microbial signals may induce polarizing cytokine secretion from DCs, other innate cells or stromal cells. Assembling combined information, DCs may coordinate to establish gut immune system.

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CONFLICTS OF INTEREST

The authors have no financial conflict of interest.

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