



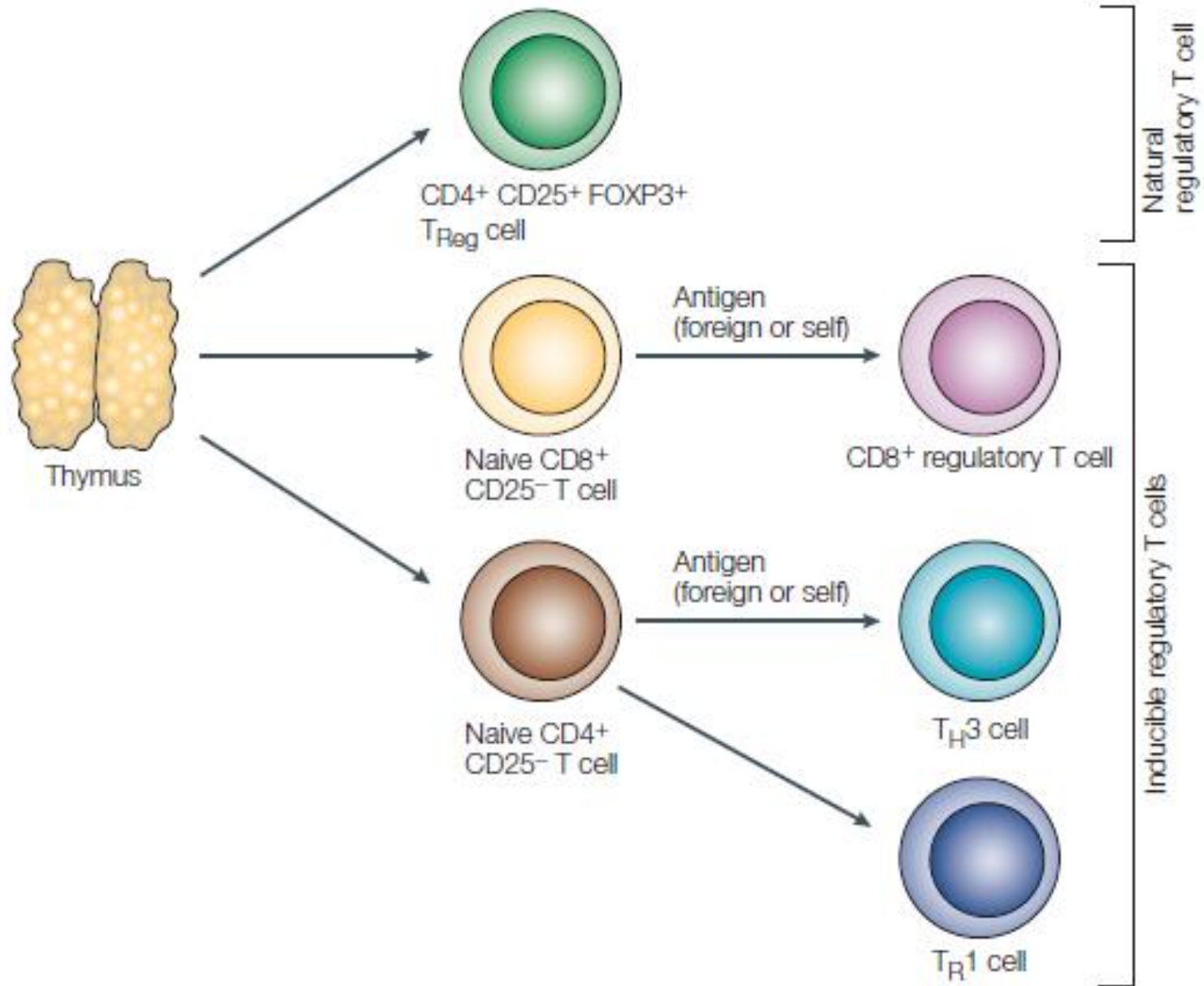
New protocol for the generation of insulin-specific T regulatory cells

Ivana Stojanović, PhD

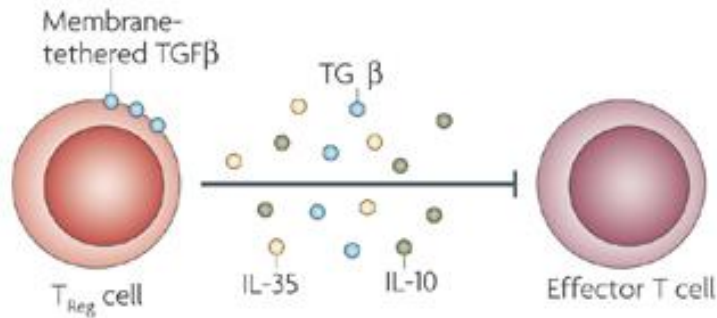
Diabetology group leader

Institute for Biological Research “Sinisa Stankovic”, University of Belgrade

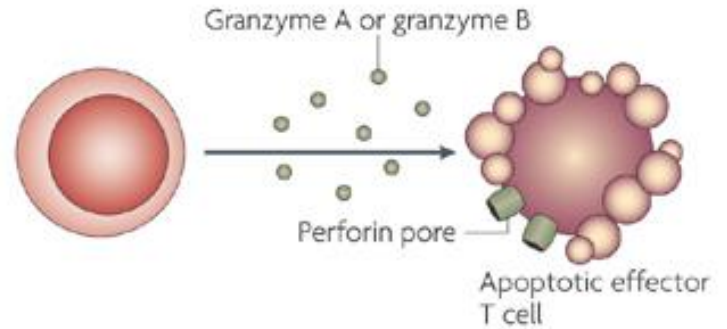
8th European Immunology Conference , Madrid, 29.6.2017.



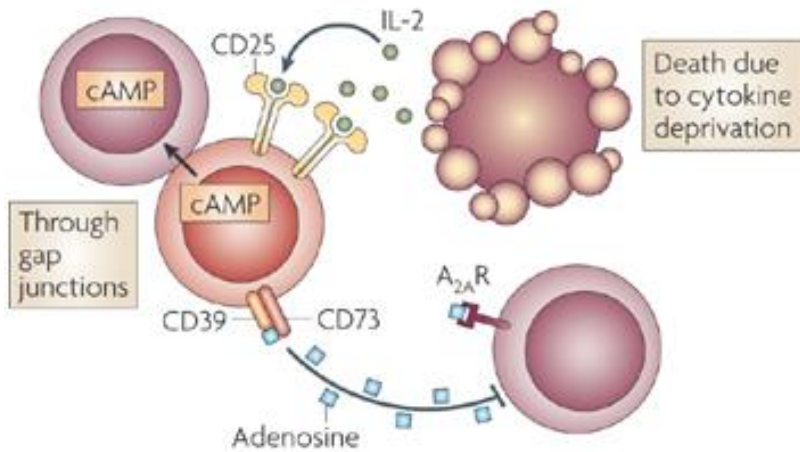
a Inhibitory cytokines



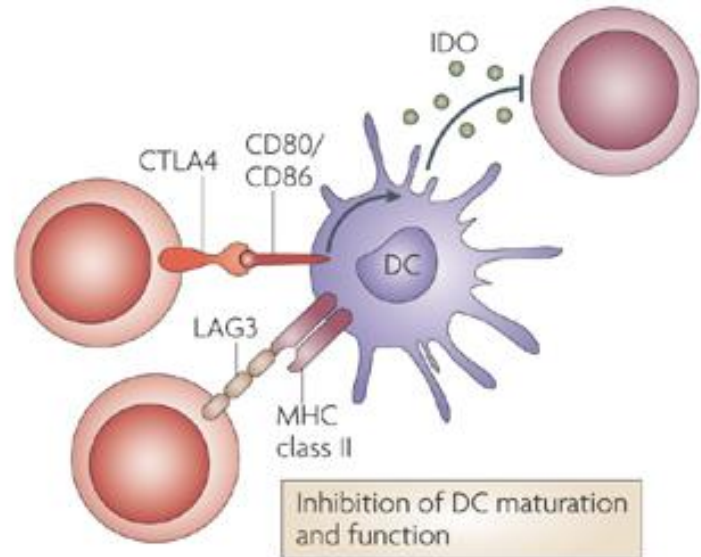
b Cytolysis

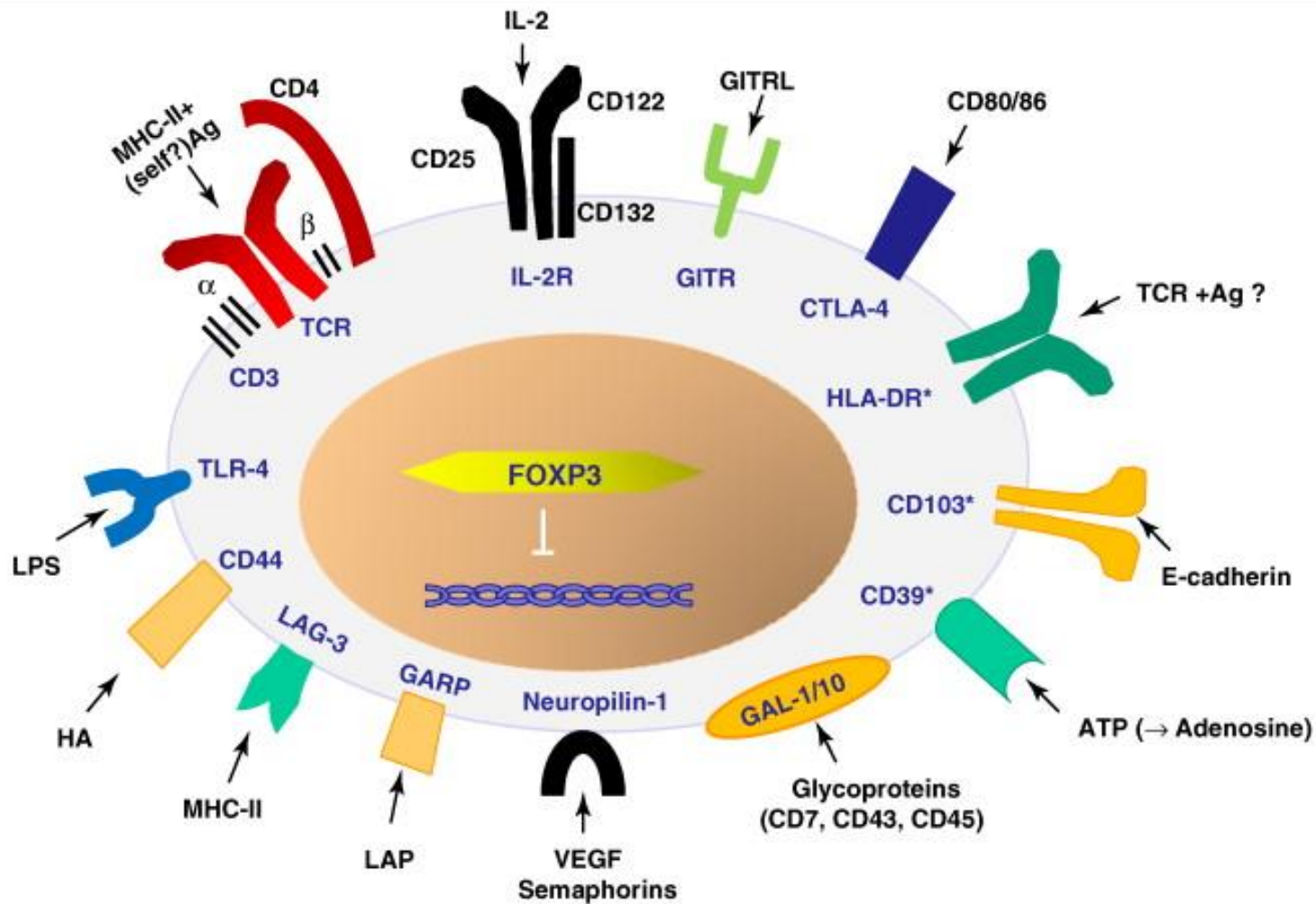


c Metabolic disruption

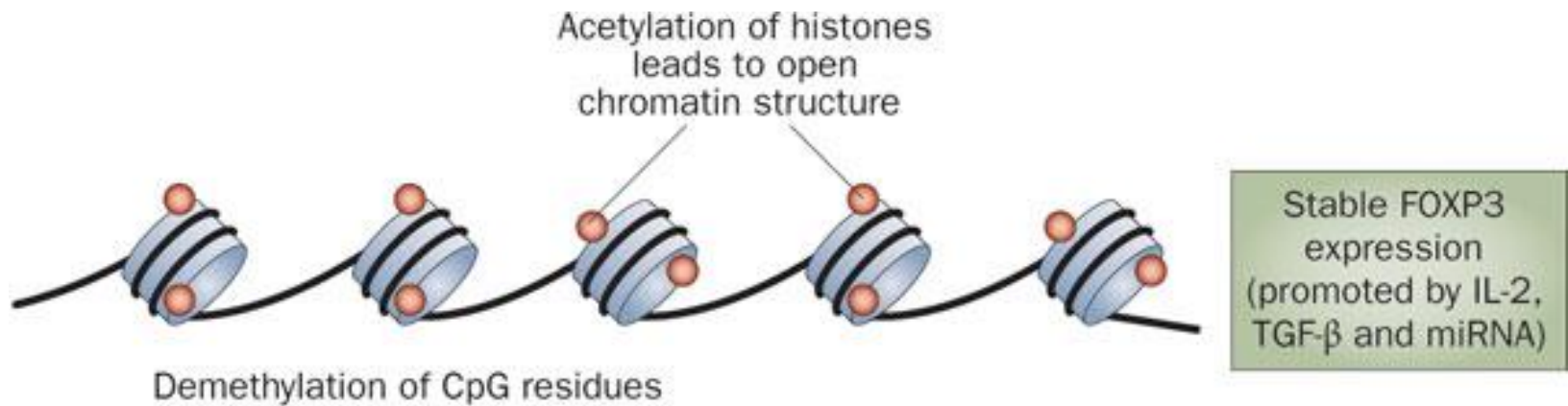


d Targeting dendritic cells





Stability of FoxP3 expression



Treg application in therapy

- 702 clinical studies:

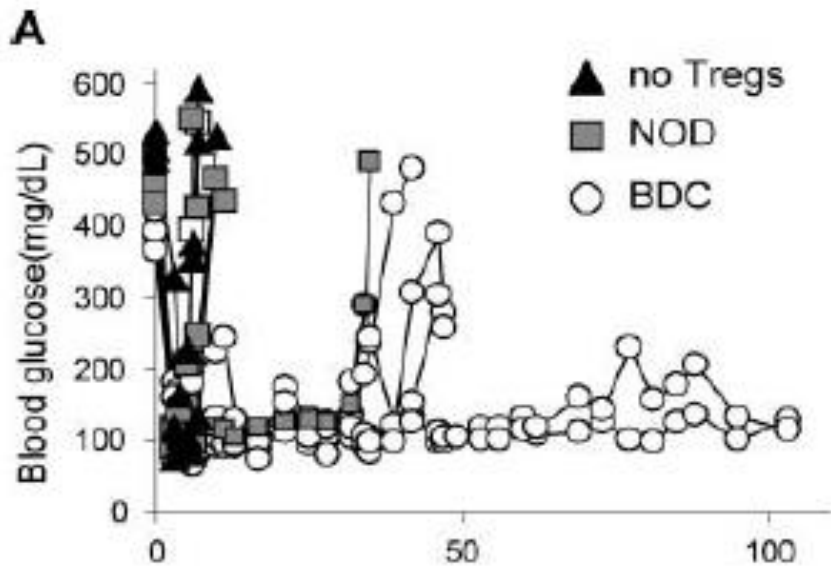
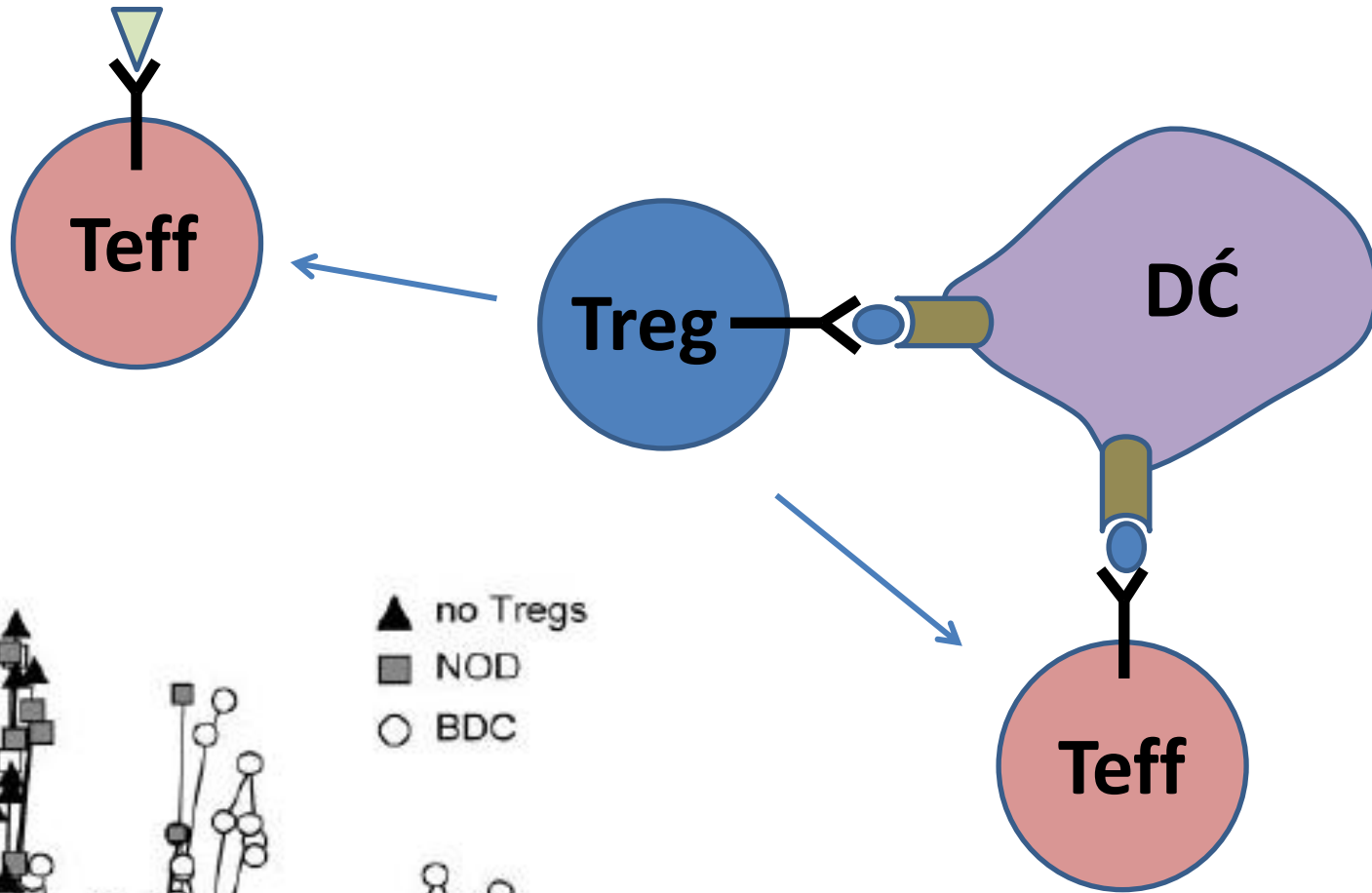
- Type 1 diabetes
- Multiple sclerosis
- Rheumatoid arthritis
- Lupus
- GVHD
- Asthma
- Kidney transplantation

- **Type 1 diabetes trials:**

- Gdansk University (Poland)
- University of California, San Francisco (USA)

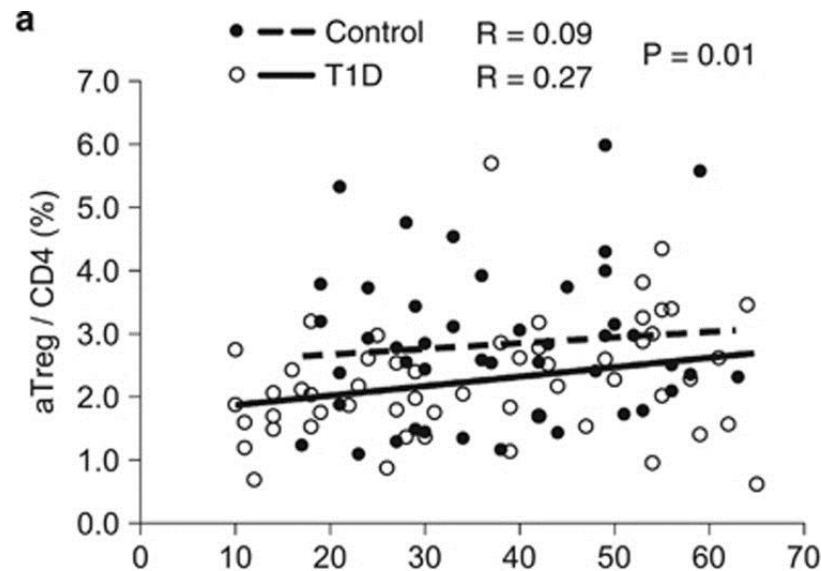
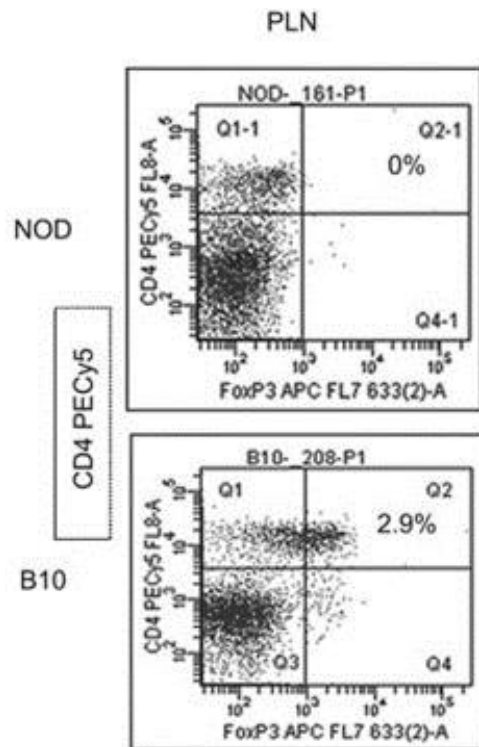


Dilemma – non-specific or antigen-specific action?



Functionality of Tregs

- Autoimmunity might arise as a consequence of Treg defects

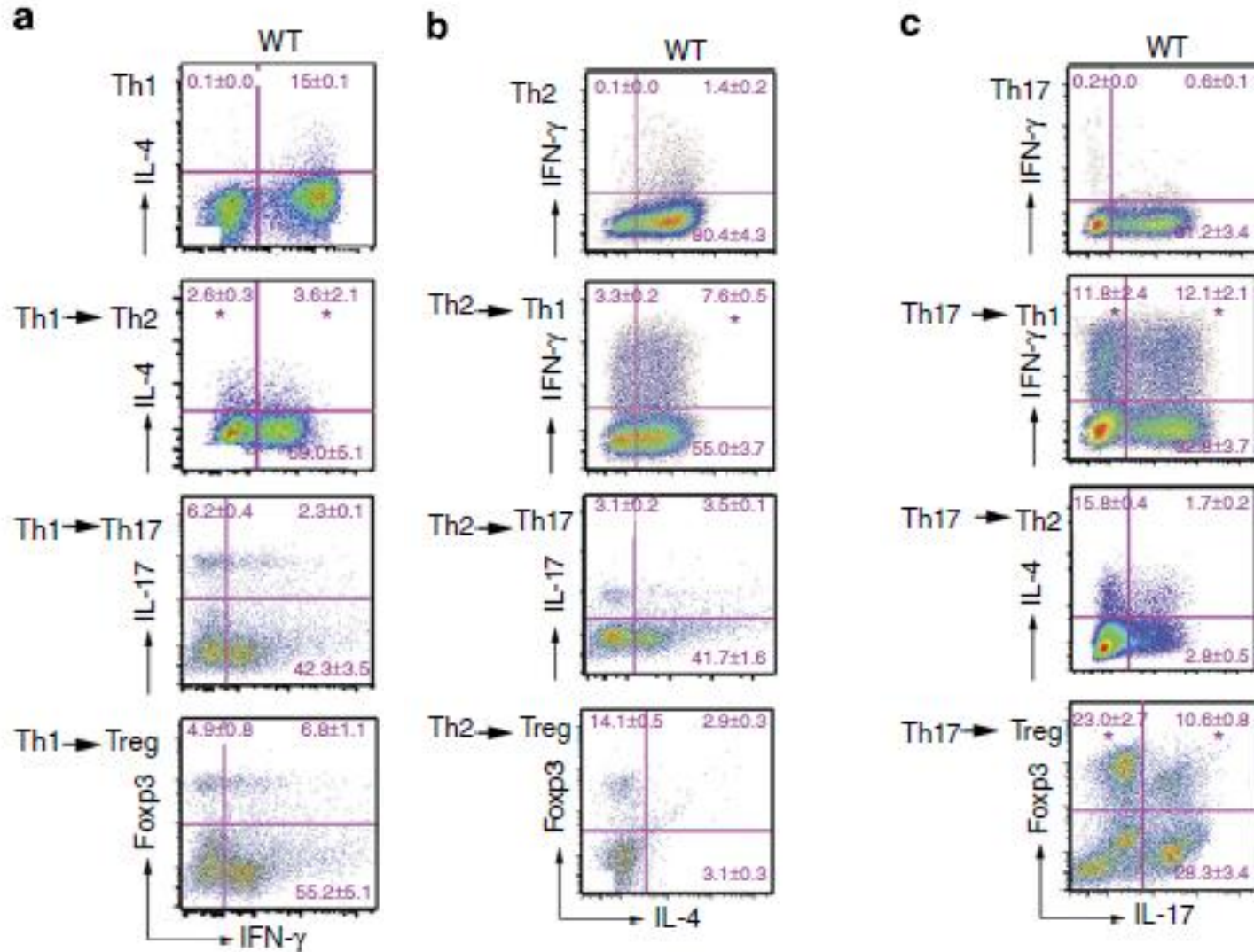


Premises

- Autoantigen-specific Treg are more efficient than polyclonal
- Individuals with autoimmunity might have a “defect” in Treg function
- Autoantigen-specific Treg are difficult to isolate due to their low numbers
- Autoantigen-specific T effectors are more abundant
- Due to cell plasticity, it is possible to convert effector into regulatory cells



Alchemy of CD4+ cells

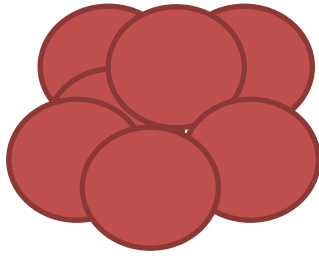


Premises

- Autoantigen-specific Treg are more efficient than polyclonal
- Individuals with autoimmunity might have a “defect” in Treg function
- Autoantigen-specific Treg are difficult to isolate due to their low numbers
- Autoantigen-specific T effectors are more abundant
- Due to cell plasticity, it is possible to convert effector into regulatory cells



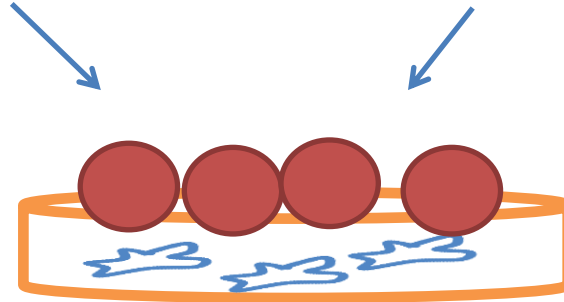
CD4+ T cells



Dendritic cells



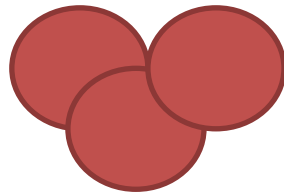
0,1% insulin-specific
CD4+ T lymphocytes



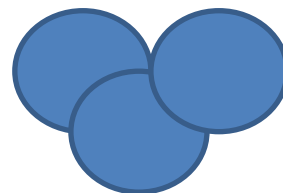
48 h

3%-8% insulin-specific CD4+
T lymphocytes

Isolation of insulin-specific CD4+ T lymphocytes

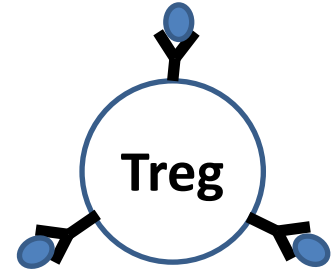
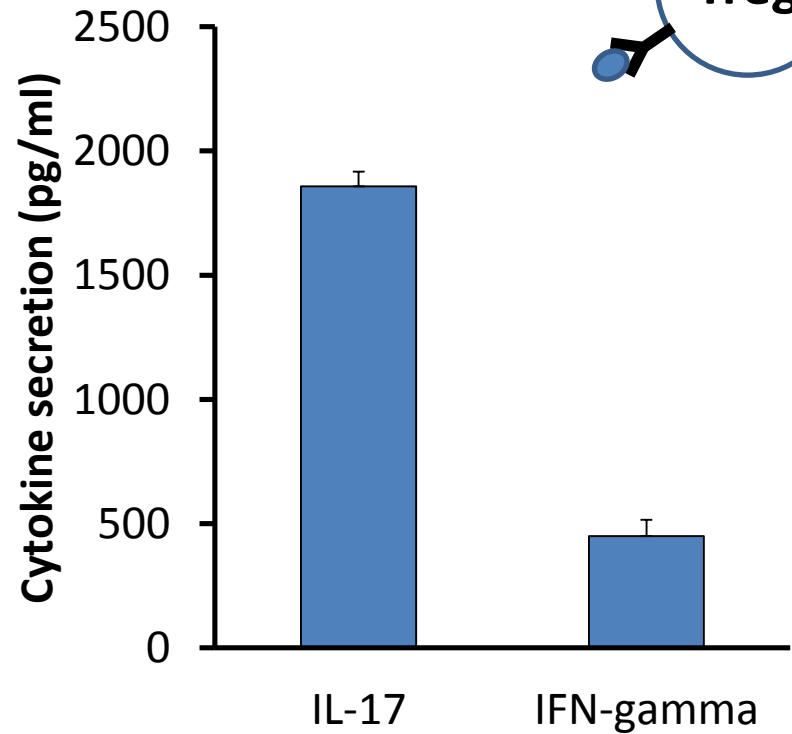
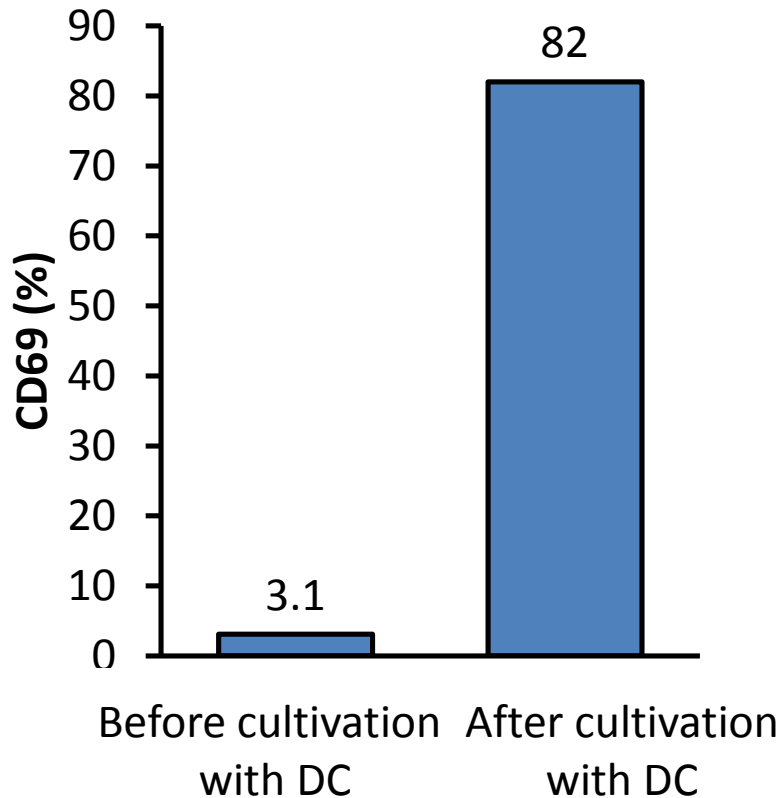


Cultivation with anti-CD3, anti-CD28,
TGF-beta, IL-2

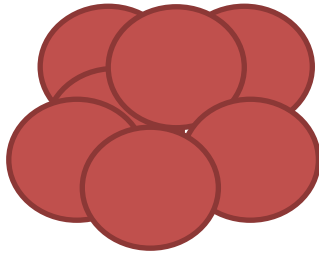


Regulatory T lymphocytes

Insulin-specific CD4+ cells are effector cells



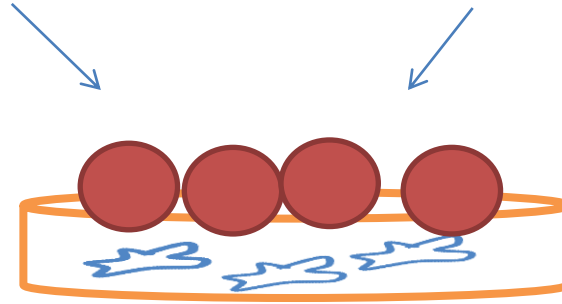
CD4+ T cells



Dendritic cells



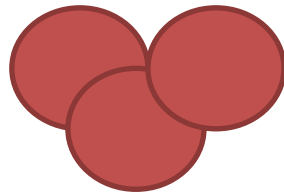
0,1% insulin-specific
CD4+ T lymphocytes



48 h

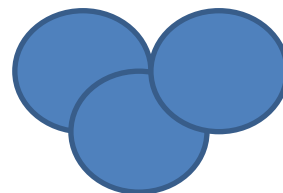
3%-8% insulin-specific CD4+
T lymphocytes

Isolation of insulin-specific CD4+ T lymphocytes



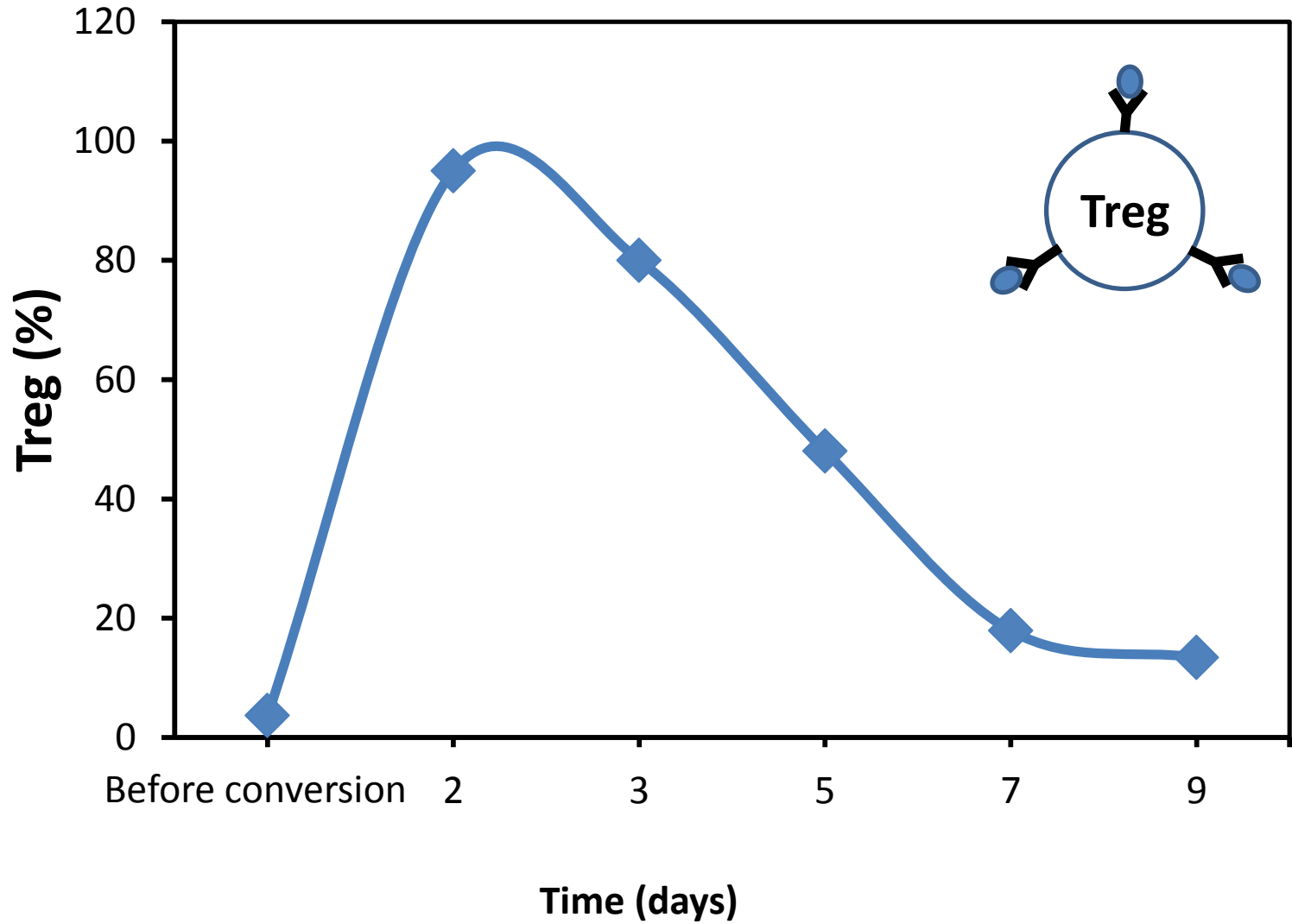
Conversion of insulin-specific CD4+
into insulin-specific regulatory T cells

Cultivation with anti-CD3, anti-CD28,
TGF-beta, IL-2

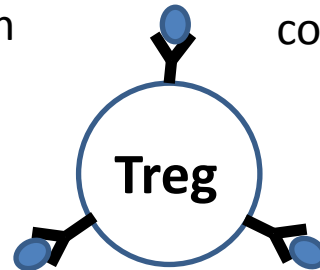
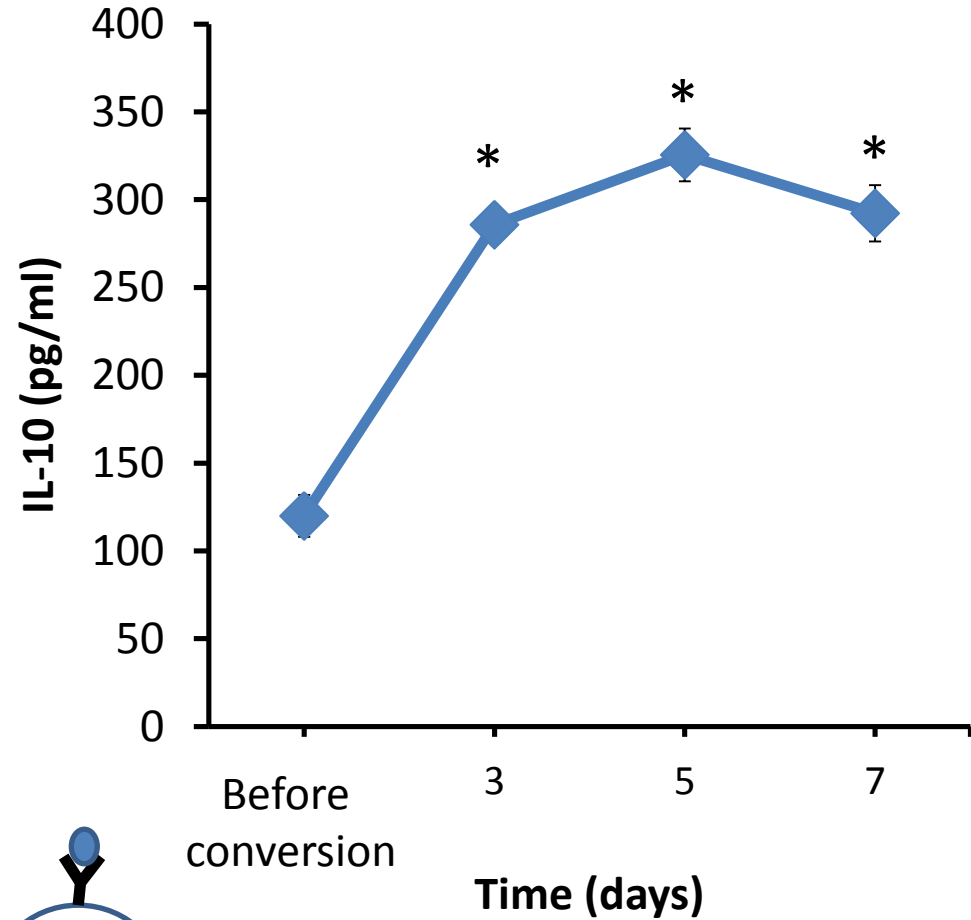
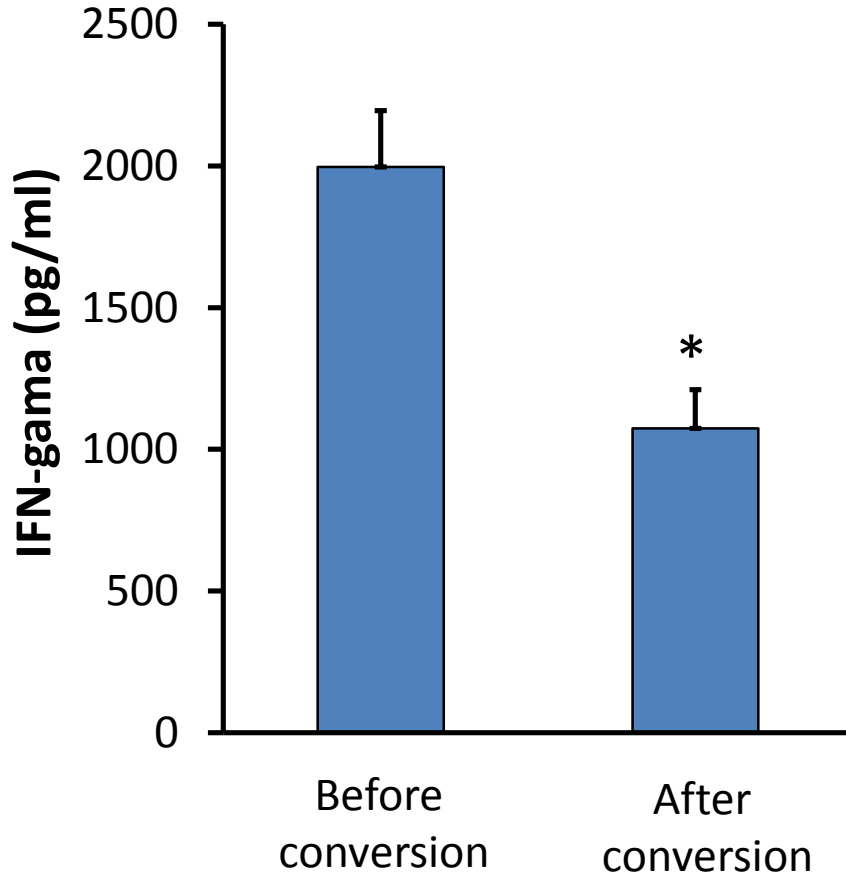


Regulatory T lymphocytes

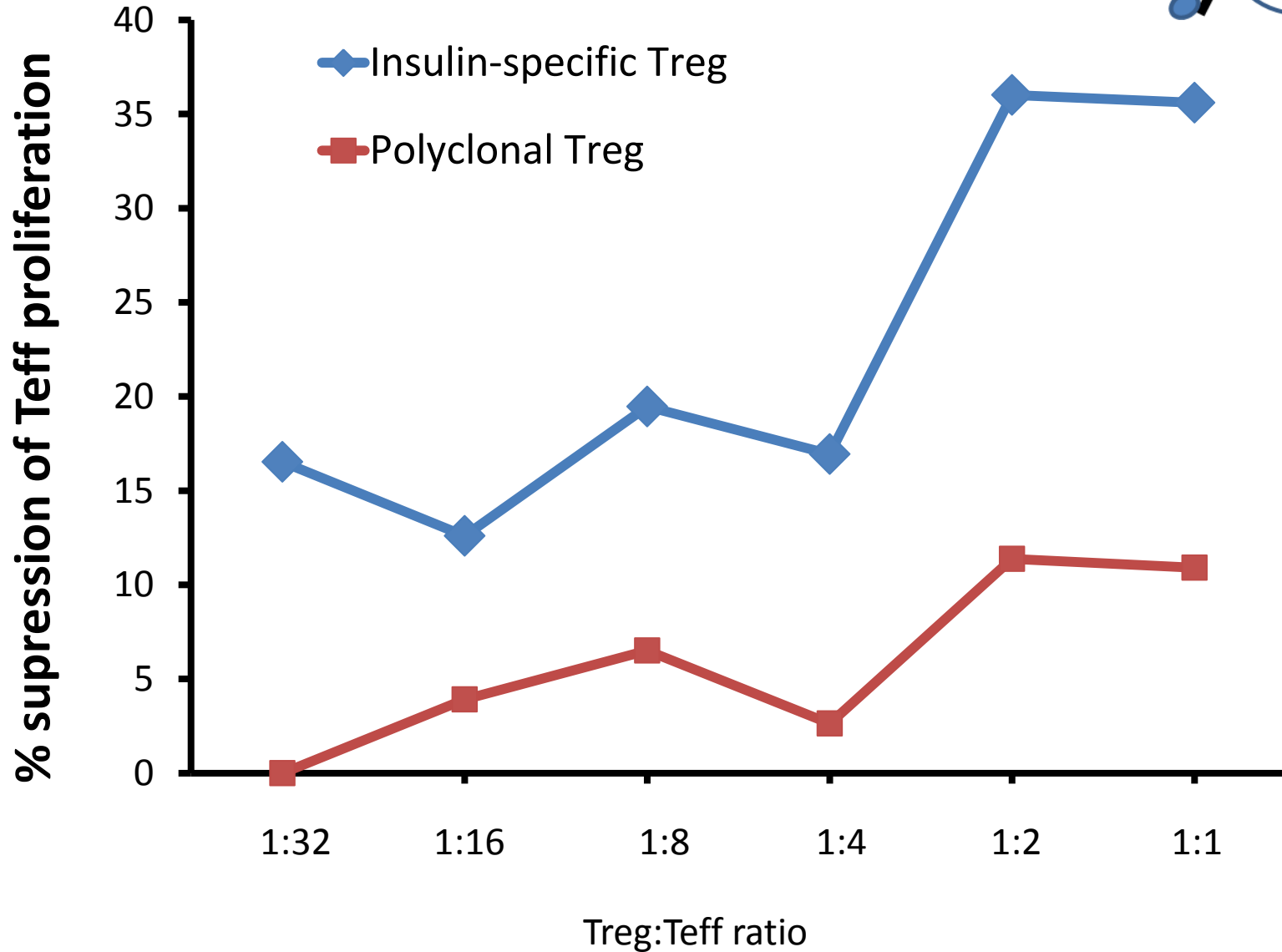
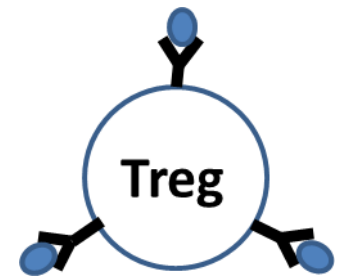
CD4+CD25highFoxP3+



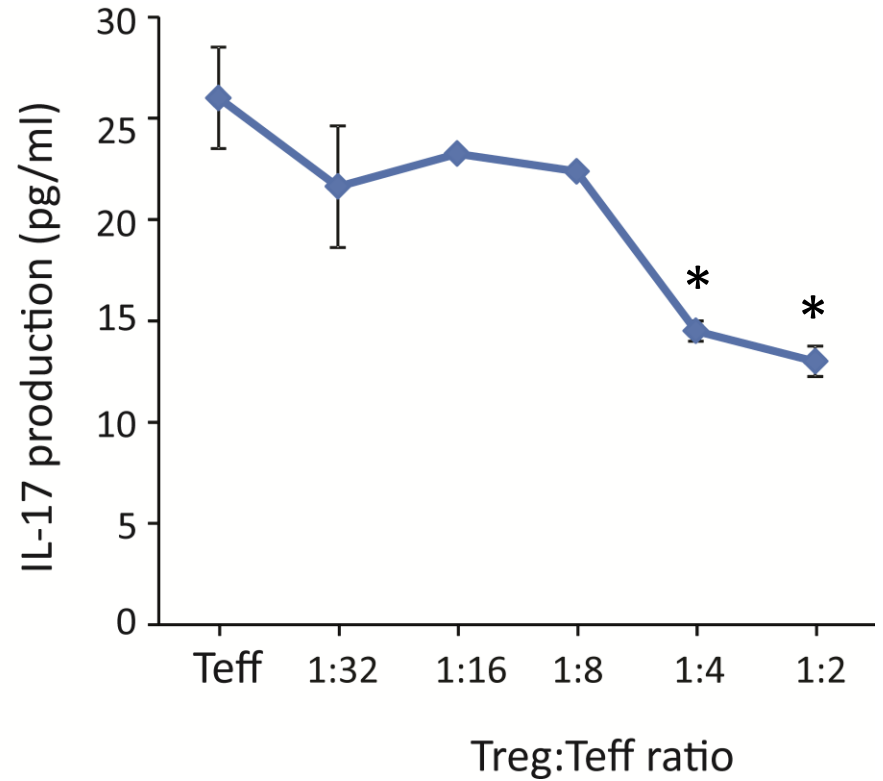
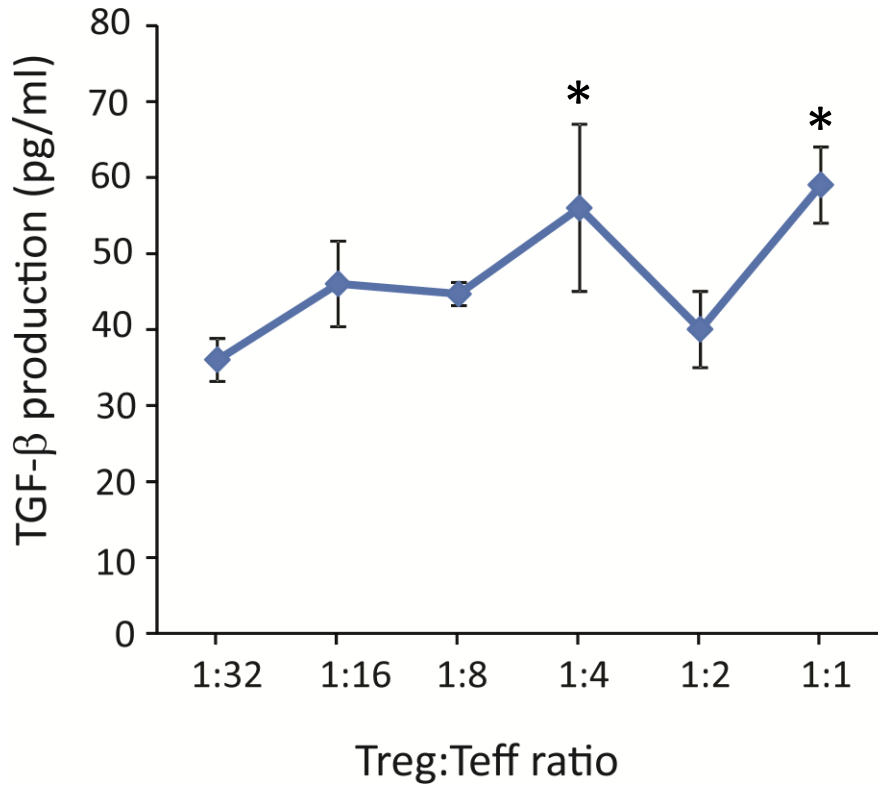
From inflammatory to anti-inflammatory phenotype



Treg suppressive function

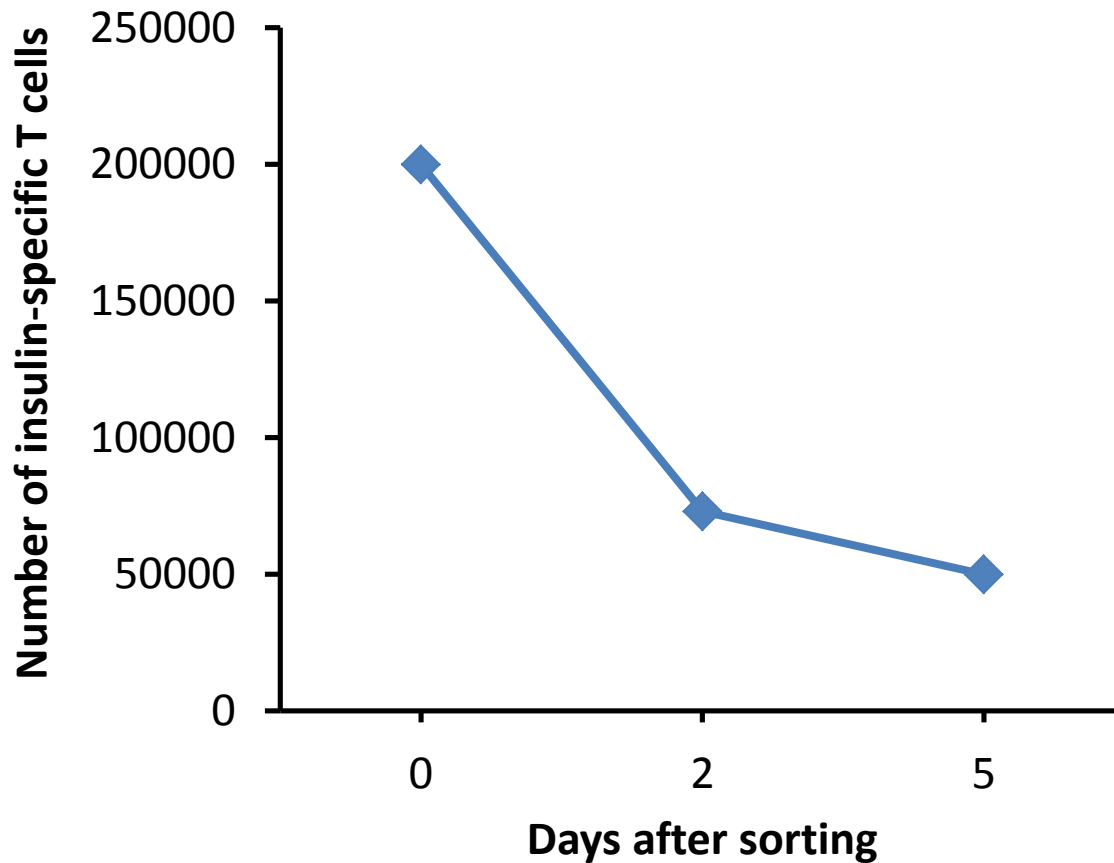


Treg suppressive function



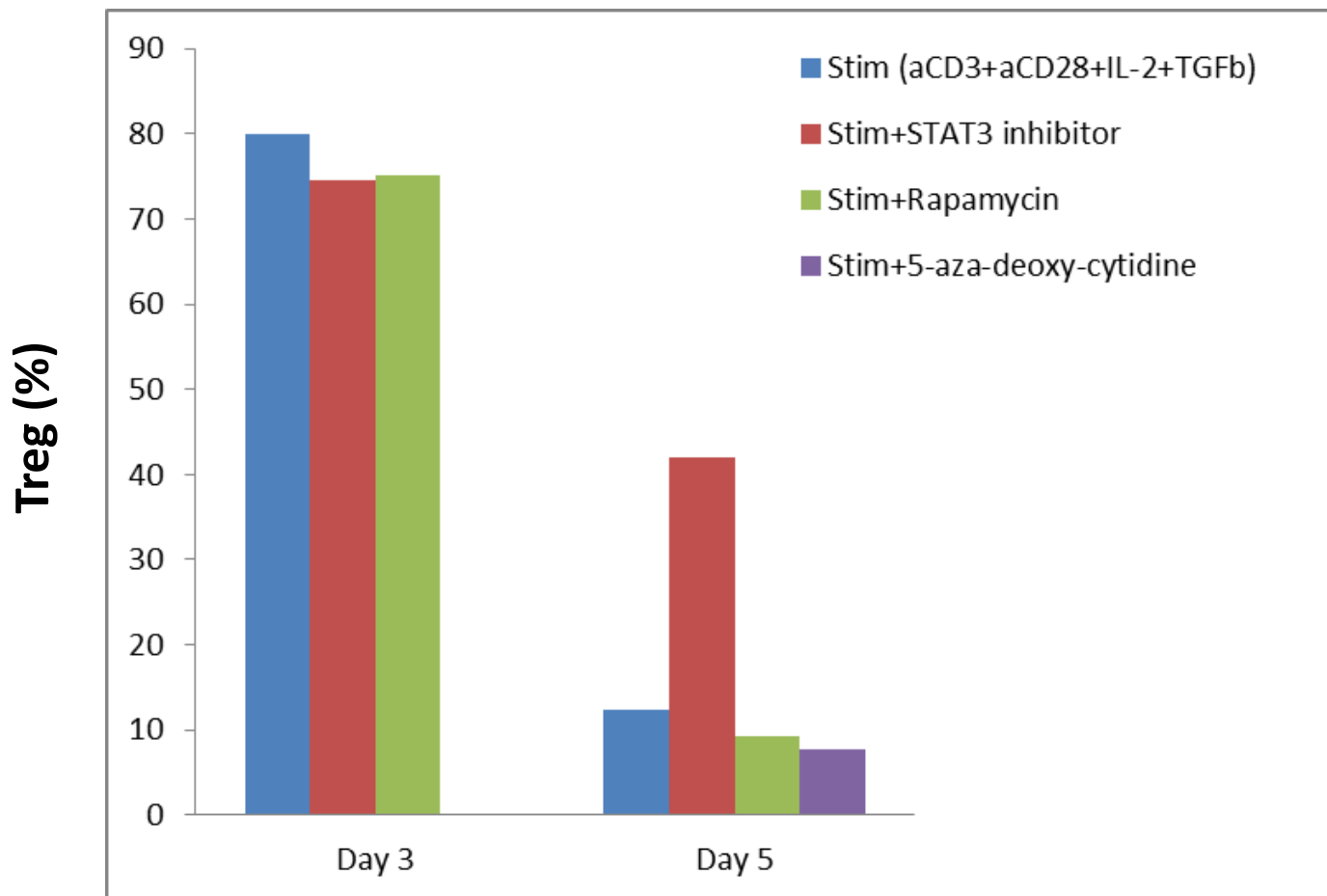
Shortcomings...

- During the conversion lot of cells dye



Shortcomings...

- % of Tregs decrease significantly over time



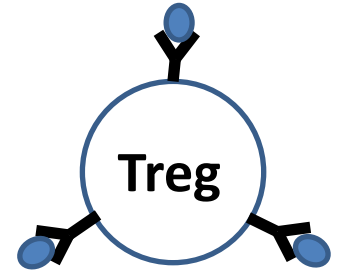
Department of Immunology, IBISS, Serbia



Iacocca Family Foundation project (2016-2018)

ivana@ibiss.bg.ac.rs

Can tolerogenic DCs direct naive CD4+ cells into Tregs in vitro?



	%
Insulin-specific CD4+	9±0,4
Treg	2,6±0,4

