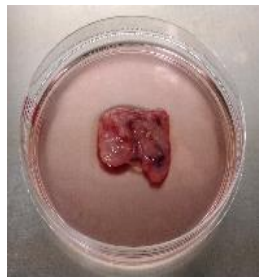


Impact of *in vitro* HIV infection and TGF- β stimulation on human thymic regulatory T-cell development

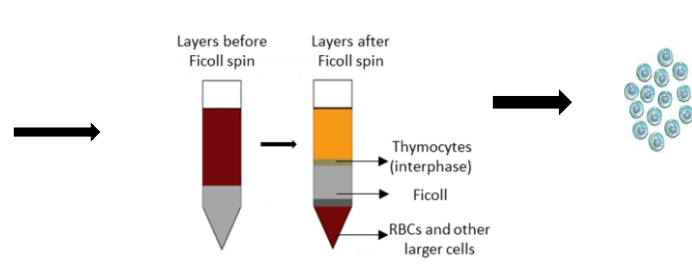
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Background: Regulatory T-cells (Tregs) are immunosuppressive T-cells expressing the master transcription factor FoxP3 that controls their differentiation and suppressive functions. HIV infection is associated with increased Treg frequencies and immunosuppressive functions in the peripheral blood and lymphoid tissues, which contribute to disease progression and immune dysfunction. Furthermore, thymic dysfunction during HIV infection is associated with rapid disease progression. FoxP3 expression by thymic Tregs (tTregs) is partly regulated by TGF- β , which also contributes to Treg development in the peripheral blood and lymphoid tissues. TGF- β -mediated fibrosis of lymphoid tissues in HIV-infected individuals is associated with disease progression. However, the role of TGF- β in the induction and maintenance of Tregs within the thymus during HIV infection remains unclear.



Recovery of thymus from pediatric patients undergoing emergency corrective cardiac surgery



Mechanical disruption of the tissue and Ficoll density gradient separation

Experimental approaches:

HIV-1 infection, TGF- β treatment of human thymocytes co-cultured with OP9-DL1

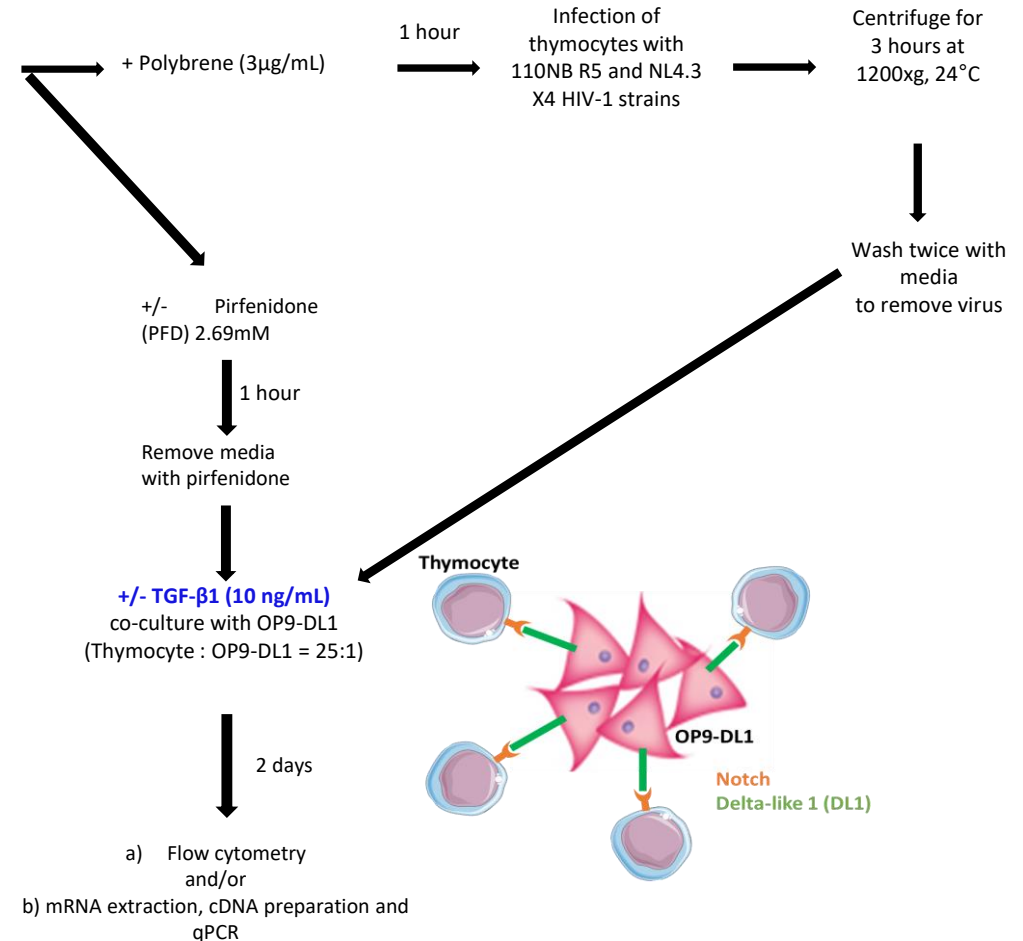


Figure 1: tTregs have higher expression of HIV co-receptor CCR5 compared to non-Tregs. A) Gating strategy used to characterize Tregs (CD3^{high} CD4⁺CD8⁻CD127⁻CD25⁺FoxP3⁺) and non-Tregs within CD3^{high} thymocytes. (B) The frequencies of thymocytes expressing CXCR4 and/or CCR5.

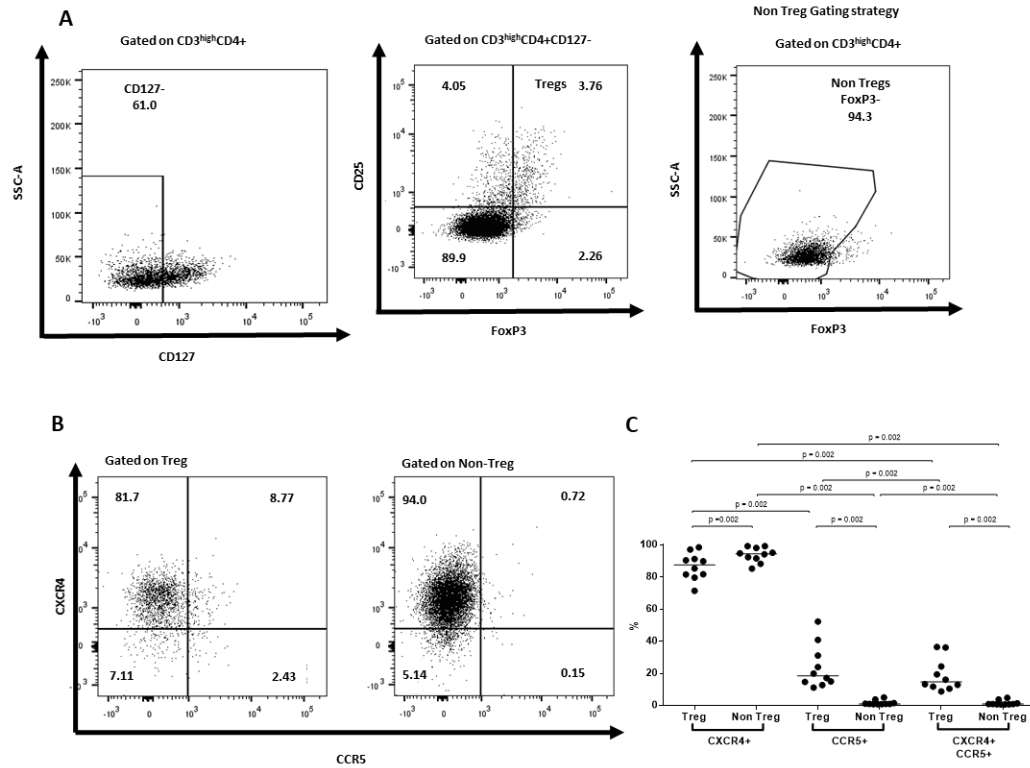


Figure 2: FoxP3⁺ thymocytes are not infected by HIV. Human thymocytes were infected with R5-tropic 110NB and X4-tropic NL4.3 HIV-1 viral strains for 3 h.

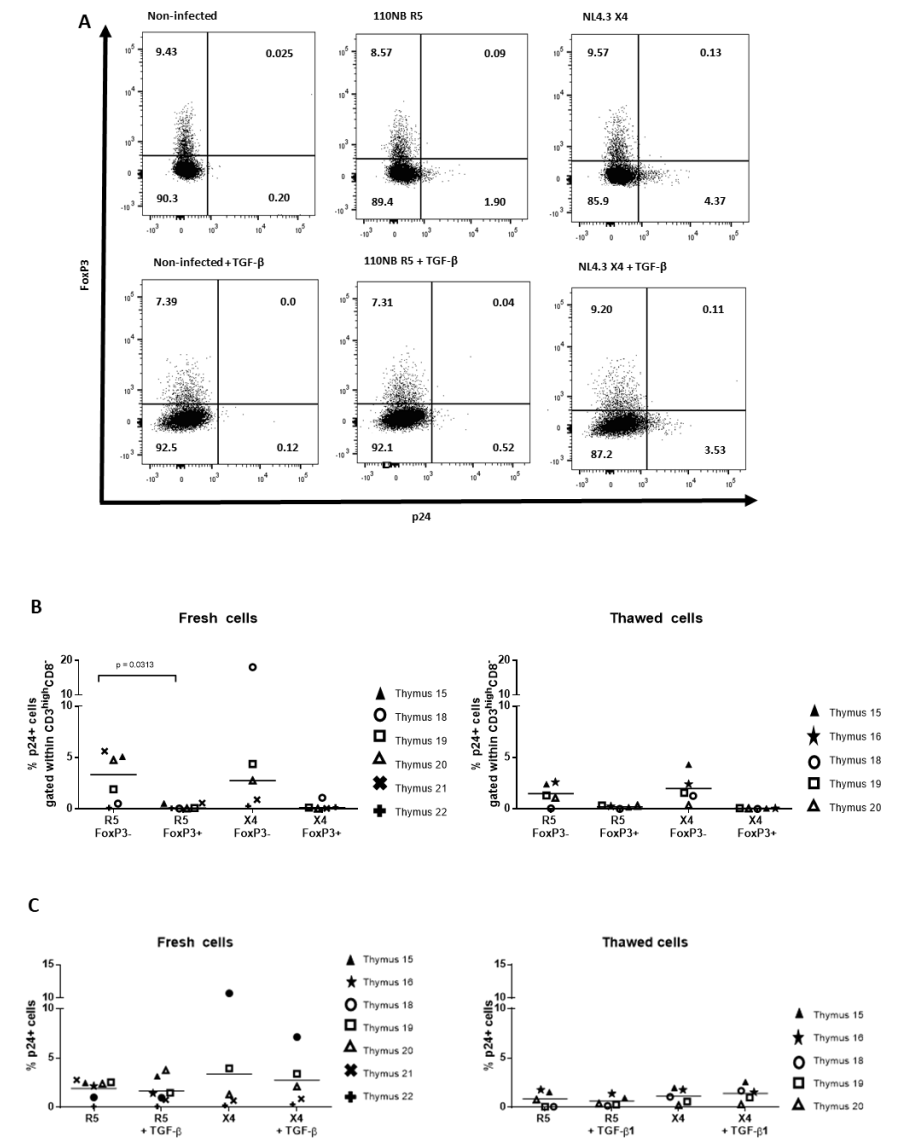


Figure 3: Impact of TGF- β treatment on thymic Treg frequencies. Thymic Tregs were characterized as CD3^{high}CD4⁺CD127⁻CD25⁺FoxP3⁺ cells. The gating strategy for CD4⁺ cells excluded CD4⁺ CD8⁺ thymocytes

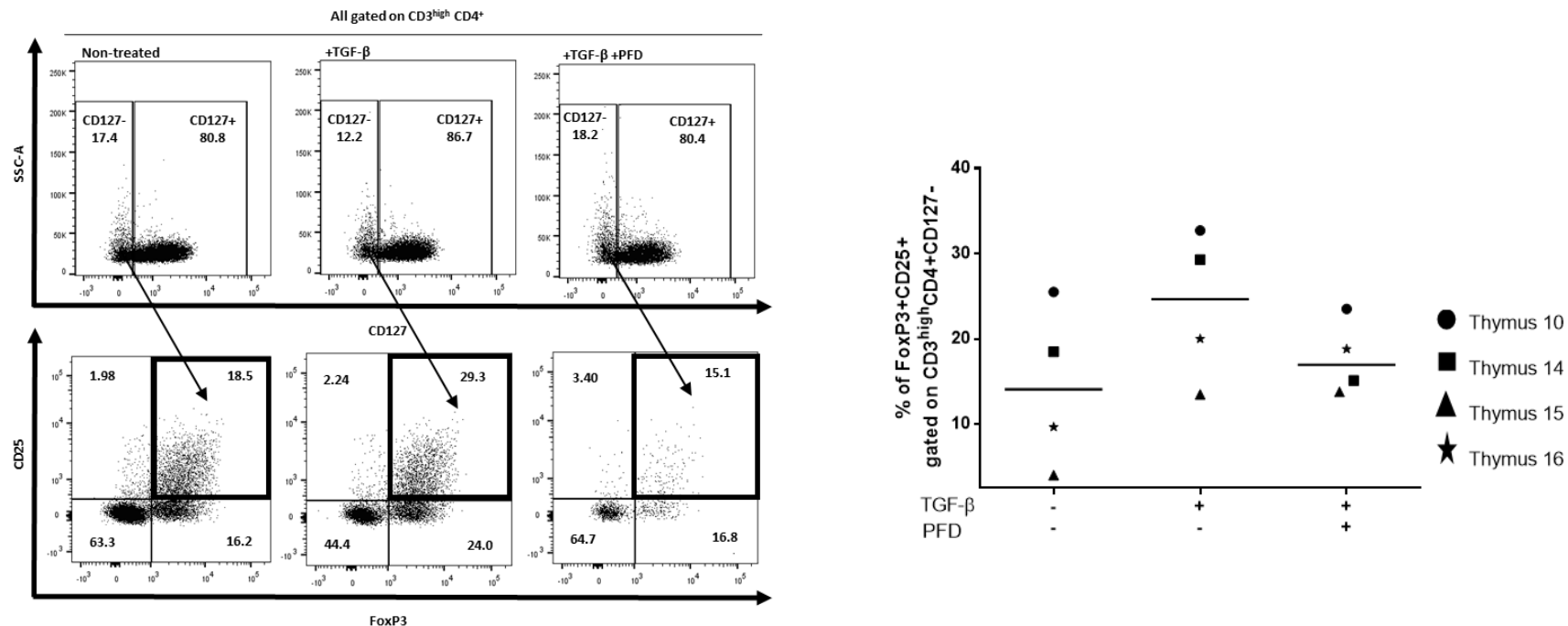


Figure 4: FoxP3 expression and thymic Treg frequencies are not altered by HIV infection and TGF- β treatment.

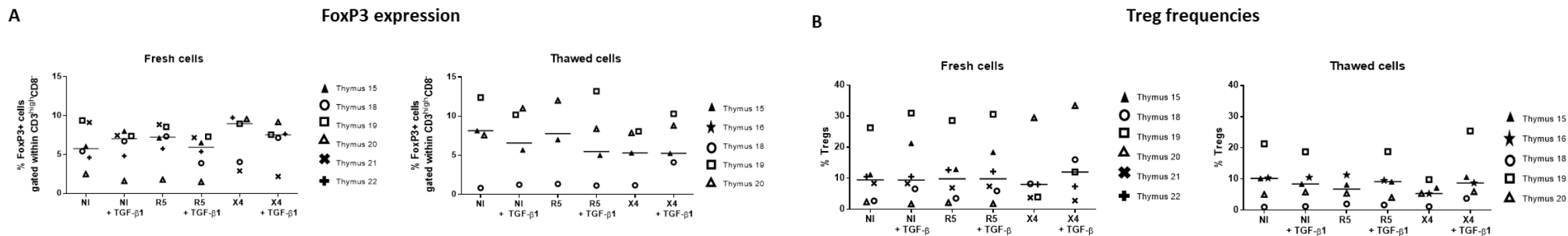
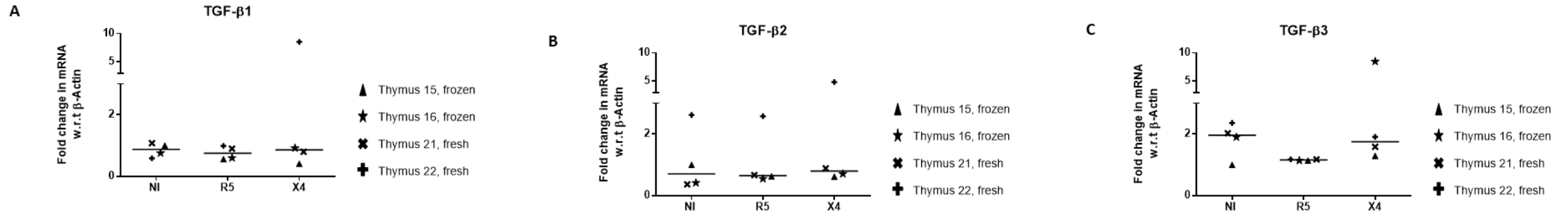


Figure 5: HIV infection has no influence on TGF- β production by thymocytes. Fold change in mRNA expression of (A) TGF- β 1, (B) TGF- β 2 and (C) TGF- β 3 in thymocytes infected with R5- and X4-HIV-1 strains, compared to the non-infected control (NI) determined by qPCR



Under review, JAIDS

Conclusion

In vitro HIV infection of human thymocytes alone does not increase FoxP3 expression and tTreg differentiation, nor does the combination of HIV infection and TGF- β . Our results suggest that differentiation of tTregs within thymus is not the same as in blood and secondary lymphoid tissues. Additional inflammatory mechanisms might be involved in differentiation and thymic outputs of tTregs during HIV infection.

Acknowledgements

