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Accessibility
Inducible colitis-associated glycome capable of stimulating the proliferation of memory CD4+ T cells

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Abbreviations used:
UC, ulcerative colitis.
PNA, peanut agglutinin; lectin; PKC, protein kinase C; MALII, Lycopersicon esculentum immunological synapse; LEL, inflammatory bowel disease; IS, Helix pomatia
N Crohn’s disease; GlcNAc, colitis-associated glycome; CD, glucosaminyltransferase; CAG, C2GnT, core-2
IL-2-deficient double knockout; DKO, TCR-β-deficient and IL-2-deficient double knockout; C2GnT, core-2 β1,6-N-acetylgalactosaminyltransferase; CAG, colitis-associated glycome; CD, Crohn’s disease; GlcNAc, N-acetylgalactosamine; HPA, Helix pomatia lectin; IBD, inflammatory bowel disease; IS, immunological synapse; LEL, Lycopersicon esculentum lectin; MALII, Maackia Amurensis lectin; PKC, protein kinase C; PNA, peanut agglutinin, UC, ulcerative colitis.

Immune responses are modified by a diverse and abundant repertoire of carbohydrate structures on the cell surface, which is known as the glycome. In this study, we propose that a unique glycome that can be identified through the binding of galectin-4 is created on local, but not systemic, memory CD4+ T cells under diverse intestinal inflammatory conditions, but not in the healthy state. The colitis-associated glycome (CAG) represents an immature core 1—expressing O-glycan. Development of CAG may be mediated by down-regulation of the expression of core-2 β1,6-N-acetylgalactosaminyltransferase (C2GnT) 1, a key enzyme responsible for the production of core-2 O-glycan branch through addition of N-acetylgalactosamine (GlcNAc) to a core-1 O-glycan structure. Mechanistically, the CAG seems to contribute to super raft formation associated with the immunological synapse on colonic memory CD4+ T cells and to the consequent stabilization of protein kinase C θ activation, resulting in the stimulation of memory CD4+ T cell expansion in the inflamed intestine. Functionally, CAG-mediated CD4+ T cell expansion contributes to the exacerbation of T cell–mediated experimental intestinal inflammations. Therefore, the CAG may be an attractive therapeutic target to specifically suppress the expansion of effector memory CD4+ T cells in intestinal inflammation such as that seen in inflammatory bowel disease.

The surface of all mammalian cells is covered by complex carbohydrate structures termed glycans (van Kooyk and Rabinovich, 2008). The glycan structure is determined by the enzymatic processes that produce glycosidic linkages of saccharides to other saccharides, and the expression profile of these glycan-modifying enzymes is altered by several factors, such as cell differentiation and activation, inflammatory insults, and the environment (Marth and Grewal, 2008; Baum and Crocker, 2009; Rabinovich and Toscano, 2009). Consequently, there is a diverse and abundant repertoire of glycan structures on the cell surface, which is known as the glycome (Marth and Grewal, 2008; van Kooyk and Rabinovich, 2008; Rabinovich and Toscano, 2009). The importance of the glycome in immune responses has been highlighted by its role in the control of cell homing, apoptosis, and microbial recognition (Marth and Grewal, 2008; van Kooyk and Rabinovich, 2008; Baum and Crocker, 2009; Rabinovich and Toscano, 2009).
In addition, a recent human genetic study provides support for an alteration of the glycome in B cell signaling as a protective factor in some autoimmune diseases (Sutherland et al., 2010). Therefore, understanding the functional role of each glycome motif in the immune response can potentially open up a new avenue for the treatment of immune-mediated diseases (Rabinovich and Toscano, 2009).

Inflammatory bowel disease (IBD) is a chronic intestinal inflammatory condition that develops in a genetically predisposed host. IBD is characterized by two major forms, Crohn’s disease (CD) and ulcerative colitis (UC), which are mediated by both common and distinct mechanisms (Xavier and Podolsky, 2007; Kaser et al., 2010; Mizoguchi and Mizoguchi, 2010). For example, Th1/Th17 responses have been implicated in the pathogenesis of CD, whereas UC has a significant contribution from Th2 cytokines (Xavier and Podolsky, 2007; Kaser et al., 2010; Mizoguchi and Mizoguchi, 2010). However, both diseases are characterized by an significant expansion of inflammatory memory CD4+ T cells in the inflamed intestine (Xavier and Podolsky, 2007; Kaser et al., 2010). Although much is known about the pathogenic effector mechanisms in these diseases, little information is currently available on how the carbohydrate structure of T cells contributes to these responses (Santucci et al., 2003; Hokama et al., 2004; Muller et al., 2006; Srikrishna et al., 2005). This is in contrast to the abundant amount of information available on the heavily O-glycosylated mucus that has been clearly demonstrated to play a protective role in IBD (An et al., 2007; Stone et al., 2009).

We herein demonstrate a colitis-associated glycome (CAG) on CD4+ T cells, which is characterized by immature core-1 O-glycan and induced through down-regulation of core-2 β1,6-N-acetylglucosaminyltransferase (C2GnT) 1 expression under intestinal inflammatory conditions. We also propose that the inducible glycome motif contributes to the exacerbation of colitis by enhancing the expansion of effector memory CD4+ T cells through stabilization of protein kinase C (PKC) θ activation.

RESULTS
Colitis-associated T cell glycome
An endogenous glycans-binding protein family, the galectins, is composed of 15 members that recognize different carbohydrate epitopes and play different roles (e.g., anti- versus pro-inflammatory) in immune responses (Lowe, 2001; Baum and Crocker, 2009; Hsu et al., 2009; Rabinovich and Toscano, 2009). We previously demonstrated that an increased binding of galectin-4 is specifically seen on CD4+ T cells in the inflamed, but not normal, colon of Th2-mediated experimental colitis model (Hokama et al., 2004). We herein demonstrate that the binding of galectin-4 is also intensified on CD4+ T cells, but not CD4+ cell populations, in the inflamed colon of Th1-mediated colitis model (CD45RB model) as compared with those in the normal colon of WT mice (Fig. 1 A). In contrast, intensified binding of galectin-4 was not observed on CD4+ T cells in other tissues (lung and liver) of this colitis model (Fig. 1 B). To see whether the intensified galectin-4 binding on CD4+ T cells is a specific feature of colitis or a common feature associated with any inflammatory conditions, we next examined a concanavalin A–induced hepatitis model. Interestingly, binding of galectin-4 on CD4+ T cells was decreased in the inflamed liver (Fig. 1 B, right).

Glycome is produced by the coordinated action of glycans-modifying enzymes (Marth and Grewal, 2008; van Kooyk and Rabinovich, 2008; Baum and Crocker, 2009; Rabinovich and Toscano, 2009). To test whether the inflammation-inducible binding on colonic CD4+ T cells is specific for galectin-4, we used another tandem-repeat galectin (galectin-8) and a prototype galectin (galectin-3). Unlike galectin-4, there was no difference in the binding pattern of galectin-8 on CD4+ T cells from inflamed versus normal colon (Fig. 1 C, left). The different binding pattern between galectin-4 and –8 may be caused by the ability of galectin-8 to interact with more diverse arrays of glycan structures as compared with galectin-4 (Vokhmyanina et al., 2012). In addition, no difference in the binding pattern of galectin-3 was observed when CD4+ T cells from inflamed versus normal colon were examined (Fig. 1 C, right). Because galectin-3 interacts with complex N-glycans (Lowe, 2001), it is possible that O-glycan, rather than N-glycan, on colonic CD4+ T cells is more susceptible to inflammation-induced alteration.

As observed in mouse models, CD4+ T cells from the inflamed colon of both UC and CD patients also exhibited increased galectin-4 binding in comparison to noninflammatory controls (Fig. 1 D). Interestingly, this binding was also observed with CD4+ T cells from the inflamed colon of patients with Campylobacter infection (Fig. 1 D). Flow cytometric analysis confirmed a more intensified binding of galectin-4 on CD4+ T cells isolated from the inflamed area of UC patients as compared with those from noninflamed area (Fig. 1 E). Interestingly, in UC patients, galectin-4-binding was rarely observed on CD8+ T cells from the inflamed colon or on CD4+ T cells from the peripheral blood (Fig. 1 E), which is consistent with a previous study showing no galectin-4 binding on peripheral mononuclear cells (Paclik et al., 2008). Collectively, these findings suggest that a common glycome, which can be identified by intensified galectin-4 binding, is created on colonic CD4+ T cells under intestinal inflammatory conditions in mice and humans.

Decreased C2GnT expression in colitis
Glycome is produced by the coordinated action of glycans-modifying enzymes in purified CD4+ T cells from inflamed versus normal colon (unpublished data). As the result, we found that core-2 β1,6-N-acetylglucosaminyl transferase (C2GnT) 1 was commonly down-regulated in the CD4+ T cells obtained from the inflamed colon of various
glycome (CAG) represents the immature core-1 O-glycan. Indeed, an exogenous lectin peanut agglutinin (PNA), which interacts specifically with nonsialylated immature core-1 O-glycan (Toscano et al., 2007), was observed to bind to CD4+ T cells derived from the inflamed, but not normal, colon (Fig. 2 B). Competition of C2GnT1 and ST3Gal1 sialyltransferase for sialylation of core-1 O-glycan has previously been shown to control thymic CD8+ T cell homeostasis (Priatel et al., 2000). Therefore, we next examined the expression of ST3Gal-1 in colonic CD4+ T cells. Interestingly, no significant change or rather decrease in the ST3Gal1 expression was observed in colonic CD4+ T cells from inflamed colon as compared with those from normal colon (Fig. 2 C), suggesting that CAG may be created through a unique O-glycan biosynthesis pathway that favors generation of a nonsialylated immature core-1 O-glycan. As observed in mice, down-regulation of both C2GnT and ST3Gal1 expressions was seen in the purified CD4+ T cells from the involved areas (colon) in comparison to those obtained from the non-involved areas of UC patients (Fig. 2 D).

Figure 1. CAG. (A) Galectin-4 (Gal4) binding patterns on lamina propria cells (including CD4+ versus CD4− cells) in normal colon of WT mice and inflamed colon of CD45RB model are shown. Data shown are one representation of seven independent experiments. (B) Intensities of galectin-4 binding on CD4+ T cells from the colon, lung, and liver of WT mouse, CD45RB model, and concanavalin A–induced hepatitis model (right panel) are shown. The results are representative in 3–12 mice in each group. (C) Intensities of galectin-3 (Gal3) and galectin-8 (Gal8) binding on CD4+ T cells from the colon of WT mouse and from the inflamed colon of CD45RB model are shown. The results are representative in 3 mice in each group. (D) Colonic tissues from healthy individuals (n = 5) and from patients with UC (n = 6), CD (n = 4), or Campylobacter infection (n = 2) were co-stained with FITC-anti-CD4 (green, left) and Alexa Fluor 594–labeled recombinant human galectin-4 (red, middle). Overlap images are shown on the right. Bars, 25 µm. (E) Flow cytometric analysis shows the intensity of galectin-4 binding on CD4+ (top) or CD8+ (bottom) T cells from inflamed colon (active, n = 10), noninvolved colon (inactive, n = 5), and peripheral blood (PBMC, n = 2) of UC patients and from normal colon of control subjects (normal, n = 4).
In brief, CD45RB induced colitis model (CD45RB model; Izcue et al., 2009).

To examine whether the expression of CAG on CD4+ T cells plays any role in colitis, we examined a naive T cell–induced colitis model (CD45RB model, Izcue et al., 2009), the donor T cells from WT mice induced the development of severe colitis in the recipients (Fig. 3 C). These findings demonstrate that ability of CD4+ T cells to express the CAG is a significant contributor to the exacerbation of this naive T cell–induced colitis.

Contribution of CAG for T cell proliferation

In the next series of studies, we examined the effect of CAG on colonic CD4+ T cell function during inflammation. We first noted that the improvement of colitis observed as a consequence of restored C2GnT expression was associated with a significant decrease in the absolute number of CD4+ T cells in the colon (Fig. 4 A). Indeed, in comparison to WT-derived (middle) versus C2GnT tg–derived (right) naive T cells. The data are one representation of three independent experiments.
CD4+ T cells, T/C2GnT tg–derived CD4+ T cells exhibited significantly less proliferation as judged by BrdU incorporation (Fig. 4, B and C).

It was possible that the decreased CD4+ T cell–proliferation observed was a secondary phenomenon associated with the improvement of colitis. Therefore, we next used a co-transfer system to clarify whether absence of CAG directly dampens the ability of CD4+ T cells to proliferate. To do so, CD4+ T cells were purified from a reporter mouse strain in which all T cells are genetically engineered to express GFP (Shimomura et al., 2008) and from T/C2GnT tg mice. Both cell populations were then co-transferred at a 1:1 ratio into Rag1−/− mice. As predicted, the recipient mice developed severe colitis at 8 wk after co-transfer (unpublished data). Interestingly, the absolute number of colonic BrdU+ CD4+ T cells is significantly less in T/C2GnT tg–derived (C2GnT>RAG) compared with WT-derived (WT>RAG) or GFP-expressing WT (WT>GFP) T cells. These findings propose that the expression of CAG directly contributes to the enhancement of colonic CD4+ T cell expansion under intestinal inflammatory condition.

Deleterious effect of CAG on memory T cell–induced colitis

A previous study has suggested that the initial priming of T cells necessary for maturation from naive to memory stages is impaired in T/C2GnT tg mice (Tsuboi and Fukuda, 1998). This finding raised a possibility that the decreased proliferation/expansion observed in T cells from T/C2GnT tg mice, and, consequently, protection from colitis, was a result of insufficient priming of the adoptively transferred naive T cells. To test this possibility, we next used another mouse model system in which colitis can be induced by adoptive transfer of memory CD4+ T cells (Nagahama et al., 2008). In brief, CD4+ CAG+CD45RB<low> memory T cells were purified from the spleen of WT versus T/C2GnT tg mice, and they were adoptively transferred i.v. into Rag1−/− mice. The recipients were sacrificed at 8 wk after transfer. Absolute numbers of colonic CD4+ T cells in the recipient colon are shown in A. Proliferative responses as judged by BrdU incorporation in the colonic CD4+ T cells are shown in B. The absolute number of colonic BrdU+ CD4+ T cells is summarized in C. T cells from GFP-expressing C2GnT double Tg mice were co-transferred into Rag1−/− mice. The proliferative response of reconstituted GFP+ CD4+ (WT-derived) versus GFP–CD4+ (C2GnT tg–derived) cells in the same recipient colon are shown in D. The mean of the percentage of BrdU+ cells in the GFP+ versus GFP– CD4+ T cells is summarized in E. (F) Purified CD4+CD45RB<high> T cells from the spleen of WT versus GFP-expressing C2GnT double Tg mice were co-transferred into Rag1−/− mice. The proliferative response of reconstituted GFP+ CD4+ (WT-derived) versus GFP–CD4+ (C2GnT tg–derived) cells in the same recipient colon are shown. Data shown are one representation of three independent experiments. *, P < 0.01; **, P < 0.0001.

These findings propose that the expression of CAG directly contributes to the enhancement of colonic CD4+ T cell expansion under intestinal inflammatory condition.
and the reconstituted donor CD4+ T cells in the recipient colon all exhibited memory phenotype (Fig. 5 D). The development of severe colitis was further supported by the increased expression of colonic IL-1β (Fig. 5 E). Similar to the results obtained with adoptive transfer of naïve T cells, CAG was observed on the memory-derived donor CD4+ T cells in the recipient colon (Fig. 5 F, middle panel). In contrast, T/C2GnT tg–derived memory CD4+ T cells induced significantly less severe colitis (Fig. 5 B and C), and they did not express CAG (Fig. 5 F, right panel). These findings suggest that CAG, which is expressed on memory CD4+ T cells, has the ability to exacerbate colitis.

**Effect of CAG on memory T cell proliferation**

Consistent with the colitis severity, absolute numbers (Fig. 6 A) and proliferative responses (Fig. 6 B) of colonic CD4+ T cells were significantly lower in βIL-2 DKO recipient mice that received C2GnT tg–derived memory CD4+ T cells in comparison to those mice that received WT-derived memory CD4+ T cells. Co-transfer experiments of memory CD4+ T cells from GFP-reporter mice and from T/C2GnT tg mice into βIL-2 DKO mice confirmed that WT-derived memory T cells (GFP+) were more proliferative than C2GnT tg–derived memory T cells (GFP+ ) when examined in the same colons (Fig. 6 C). Another set of co-transfer experiments using memory CD4+ T cells from WT mice and from GFP-expressing T/C2GnT tg mice further confirmed the higher proliferative ability of WT-derived memory CD4+ T cells (GFP+) as compared with C2GnT tg–derived memory CD4+ T cells (GFP+) in the same individual colon of βIL-2 DKO mouse (Fig. 6 D).

To test whether CAG promotes the expansion of selected T helper (Th) subset, colonic cells from βIL-2 DKO mice reconstituted with C2GnT tg–derived versus WT-derived memory CD4+ T cells were stimulated ex vivo with phorbol-12,13-dibutylacetate/ionomycin and subjected to intracellular staining of IFN-γ, IL-17A, IL-10, and IL-4. Interestingly, although absolute number of CD4+ T cells in the inflamed colon was significantly reduced by restoration of C2GnT expression (Fig. 6 E, left), there was no proportion difference in Th1 (IFN-γ), Th17 (IL-17A), Tr1 (IL-10), and Th2 (IL-4) subsets among the colonic CD4+ T cell population (Fig. 6 E). Indeed, restoration of C2GnT expression did not alter the expression level of T-bet, RORγt, GATA3, or c-Maf in the purified colonic CD4+ T cells (Fig. 6 F). Collectively, these findings demonstrate the ability of CAG to directly enhance the proliferative response of memory CD4+ T cells but not the differentiation of specific Th subsets.

**Contribution of CAG to raft integrity**

Galectin-4 has previously been demonstrated to stabilize lipid rafts on epithelial cells for generation of super rafts (Braccia et al., 2003). The immunological synapse (IS), which is built on the lipid raft characterized by detergent insolubility, serves as a key component providing signals for T cell stimulation and proliferation (Xavier et al., 1998; Arendt et al., 2002). We therefore biochemically determined whether galectin-4 binds to lipid rafts associated with the IS. In brief, purified CD4+ T cells were obtained from the inflamed colon, lysed as previously described (Xavier et al., 1998), and precipitated with galectin-4–coupled beads. The precipitants were then subjected to analysis with a liquid chromatography tandem mass spectrometry. The protein complex precipitated by galectin-4 included formin-like 1, vinculin, actin-polymerization Arpc3, and Rab11, all of which were specific Th subsets.

![Figure 5](image-url)

**Figure 5.** Pathogenic role of CAG in memory CD4+ T cell-mediated colitis. CD4+CD45RB+ memory T cells were purified from the spleen of WT (WT>βIL2, n = 20) versus T/C2GnT Tg (C2GnT>βIL2, n = 18) mice, and they were adoptively transferred i.v. into βIL-2 DKO mice. The recipients were sacrificed at 8 wk after T cell transfer. (A and B) Representative histology of recipient colons with transfer of WT (A) versus C2GnT Tg (B) CD4+ T cells are shown. Bars, 200 µm. (C) The disease scores are summarized. (D) Flow cytometric analysis shows the expressions of CD4 versus CD62L on splenic cells of WT mouse (left panel, as control) and colonic lamina propria cells from recipient βIL-2 DKO mice after transfer of memory CD4+ T cells from the spleen of WT (middle panel) or C2GnT tg (right panel) mice. Data are representative in 3 independent experiments. (E) Expression levels of IL-1β in colonic tissues from WT mice and from βIL-2 DKO mice with transfer of WT-derived (WT>βIL2, n = 6) versus T/C2GnT tg-derived (C2GnT>βIL2, n = 6) CD4+ T cells are shown. (F) Binding intensities of galectin-4 (Gal4) on colonic CD4+ T cells in WT mice (left, as control) and the recipients with transfer of WT-derived (middle) versus C2GnT Tg-derived (right) memory CD4+ T cells are shown. Data shown are one representation of five independent experiments. **, P < 0.0001; *, P < 0.005.
These findings indicate that galectin-4 interacts with CAG in the detergent-insoluble region of the cell membrane (lipid raft) that is in association with the IS.

We next examined whether the lack of CAG alters the formation of lipid raft/IS. To do so, CD4+ T cells from GFP mice and T/C2GnT tg mice were co-transferred into BIL-2 DKO mice, and the binding of cholera toxin (CT; a marker of lipid rafts) to the GFP+ (WT-derived) versus GFP− (T/C2GnT tg-derived) CD4+ T cells from the same inflamed colon was examined by flow cytometry. Interestingly, significantly more intense binding of CT was observed on WT-derived CD4+ T cells in comparison to that observed on the cell surface of T/C2GnT-derived CD4+ T cells (Fig. 7 B). These findings propose a contribution of CAG in the generation of super rafts on CD4+ T cells during the course of intestinal inflammation.

which have been identified to localize within the IS (Gomez et al., 2007; Nolz et al., 2007). Interestingly, galectin-4 also precipitated Fam62a (five-C2 domain-containing protein); we confirmed Fam62a has accumulated within the IS by confocal microscopy (Fig. 7 A). These findings indicate that galectin-4 interacts with CAG in the detergent-insoluble region of the cell membrane (lipid raft) that is in association with the IS.

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Figure 6. CAG-mediated stimulation of memory CD4+ T cell proliferation. (A and B) CD4+CD45RBhi memory T cells were purified from the spleen of WT (WT>βIL-2) versus T/C2GnT tg (C2GnT>βIL-2) mice, and they were adoptively transferred i.v. into βIL-2 DKO mice. The recipients were sacrificed at 8 wk after T cell transfer. (A) Absolute numbers of colonic CD4+ T cells in the recipient are shown. Each dot represents an individual mouse. (B) Proliferative responses of colonic CD4+ T cells are shown. The absolute numbers of BrdU−CD4+ in the colon is summarized in right panel. (C) Purified CD4+CD45RBhi memory T cells from the spleen of GFP tg versus C2GnT tg mice were co-transferred into βIL-2 DKO mice. The proliferative response of reconstituted GFP+CD4+ (WT-derived) versus GFP−CD4+ (C2GnT tg-derived) cells in the same recipient colon are shown. Right panel summarizes the average of percentages (n = 5) of BrdU− cells in GFP+ versus GFP−CD4+ T cells. (D) Purified CD4+CD45RBhi memory T cells from the spleen of WT versus GFP-expressing C2GnT-expressing double Tg mice were co-transferred into βIL-2 DKO mice. The proliferative response of reconstituted GFP+CD4+ (WT-derived) versus GFP−CD4+ (C2GnT tg-derived) cells in the same recipient colon are shown. (E) Left panels show the proportion of CD3+CD4+ T cells in the colonic lamina propria cells of recipient WT-βIL-2 DKO mice reconstituted with WT-derived (WT>βIL-2) versus C2GnT tg–derived (C2GnT>βIL-2) memory CD4+ T cells. The proportion of IL-4, IFN-γ, IL-17A, and IL-10–producing cells in the colonic CD4+ T cell population is then examined after ex vivo stimulation. Data shown are one representation of three independent experiments. (F) Expression levels of T-bet, GATA3, c-Maf, and RORγt in purified CD4+ T cells from the colon of WT mice (white bars, n = 6) and of βIL-2 DKO mice reconstituted with WT-derived (gray bars, n = 19) versus T/C2GnT tg–derived (black bars, n = 13) memory CD4+ T cells are shown. *, P < 0.01; **, P < 0.0001.

Sustained PKCθ activation through CAG

PKCθ, which represents a proximal molecule in IS-mediated signaling, exists diffusely within the cytoplasm of resting CD4+ T cells and is accumulated within the IS after TCR activation (Arendt et al., 2002). Therefore, we next examined whether absence of CAG altered the inflammation-induced activation of PKCθ. To do so, CD4+ T cells were purified from the inflamed colon of βIL-2 DKO mice with transfer of WT versus C2GnT tg–derived memory CD4+ T cells. After cell lysis, lipid rafts were precipitated with CT-coupled beads, and the precipitant subjected to immune-blot with an anti-PKCθ antibody. As shown in Fig. 7 C (top), more PKCθ could be detected in association with the precipitated detergent-insoluble lipid rafts obtained from the fresh WT-derived CD4+ T cells in comparison to that observed from the C2GnT-expressing CD4+ T cells. Coomassie blue staining of the precipitates showed that this was not caused by differences in the quantity of proteins (Fig. 7 C, bottom).

An in vitro approach was next conducted to confirm these in vivo data. To do so, purified CD4+ T cells from the
inflamed colon were stimulated for 30 min with anti-CD3 and anti-CD28–coupled magnetic beads. After removal of the beads, the activated cells were cultured again in the presence of galectin-4 for 1 or 3 h, and then lysed. The accumulation of PKCδ within the lipid rafts was then assessed as described in Fig. 7 C. Interestingly, at 3 h after stimulation, activation of PKCδ (as indicated by the association within CT-precipitated lipid rafts) was lower in C2GnT tg–derived CD4+ T cells in comparison to WT-derived CD4+ T cells (Fig. 7 D, right). Indeed, significant capping of PKCδ was observed on the WT-derived CD4+ T cells at 1 h after stimulation (Fig. 7 D, left). These findings suggest that CAG has the ability to sustain, but not initiate, the activation of PKCδ in colonic memory CD4+ T cells.

**PKCδ-dependent proliferation of CAG-expressing T cells**

In a final set of experiments, we examined whether the sustained PKCδ activation in colonic CD4+ T cells by CAG development promotes the proliferative response. To do so, colonic memory CD4+ T cells were stimulated as shown in Fig. 7 D, and the activated cells were cultured again in the presence of galectin-4 for 1 or 3 h. At 1 h before analysis, cells were pulsed with BrdU. As shown in Fig. 8 (A and C), similar levels of proliferation were observed in WT- versus C2GnT tg–derived CD4+ T cells 1 h after stimulation. However, at 3 h after stimulation, much less proliferation was seen in C2GnT tg–derived CD4+ T cells compared with WT-derived CD4+ T cells (Fig. 8, B and C). In addition, the proliferative response of WT-derived CD4+ T cells was reduced when galectin-4 was omitted from the culture (Fig. 8, B and C).

We next examined whether the sustained proliferative response through development of CAG depends on PKCδ. To do so, colonic CD4+ T cells used in Fig. 8 B were pre-treated with rotterin (an inhibitor of Ca2+-dependent PKC including PKCδ). As shown in Fig. 8, D inhibition of PKC suppressed the galectin-4/CAG-induced proliferative response of colonic CD4+ T cells (Fig. 8 D, top right). In contrast, pretreatment with KT5720 (an inhibitor of PKA) had no effect on the proliferative response (Fig. 8 D, top left). In addition, these treatments did not alter the galectin-4 binding on the CD4+ T cells (Fig. 8 D, bottom). To further confirm this in vitro finding, in vivo co-transfer experiment using PKCδ−/− mice (Sun et al., 2000) was next conducted. To do so, CD4+CD45RBlow memory T cells were purified from the spleen of PKCδ−/− mice versus GFP-reporter mice, and they were co-transferred into B6L–DKO mice. In the same individual recipient colon, PKCδ–intact and PKCδ–deficient CD4+ T cells both developed CAG (Fig. 8 E). However, PKCδ–deficient CD4+ T cells (as indicated by GFP+), despite expressing CAG, exhibited significantly less proliferative response as compared with PKCδ–intact CD4+ T cells (as indicated by GFP+; Fig. 8 F). Collectively, these findings suggest that CAG-mediated expansion of memory CD4+ T cells depends on the activation of PKCδ.

**DISCUSSION**

In this manuscript, we propose that an inducible CAG, which can be identified by galectin-4 binding, is created on local memory CD4+ T cells under diverse intestinal inflammatory conditions that range from IBD to infection but not in...
A variety of different causes and mechanistic pathways, a

Alternatively, as shown here, during intestinal inflammation depending on the cytokine profile (Toscano et al., 2007). Including Th1, Th2, and Th17 express different glycomes including N-acetylgalactosamine to create a core-2 O-glycan. It has been previously shown that CD4+ T cells contribute to the suppression of colitis (Santucci et al., 2003; Paclik et al., 2008). DSS-induced acute colitis is mediated by a recent report demonstrating the ability of galectin-4 to suppress innate immune response by killing blood group antigens in the liver (Hokama et al., 2004), whereas DSS-induced acute colitis is mediated by innate immune response, and adaptive immune responses contribute to the suppression of this colitis (Stowell et al., 2010). Interestingly, unlike intestinal inflammation, hepatic inflammation did not induce the development of CAG. Because host–microbial interaction is significantly enhanced in intestinal, but not hepatic, inflammation (Sartor, 2008), this raises a possibility that some microbial-derived factors may contribute to the development of CAG.

We show that the CAG can be recognized by galectin-4 that has previously been shown to interact with specific carbohydrate epitopes such as an immature (nonsialylated) core-1 O-glycan (Ideo et al., 2002; Blixt et al., 2004). In addition, we show that CAG development was abolished by restoration of C2GnT expression, an enzyme responsible for initiating the maturation (branching) of O-glycans from core-1 to core-2 (Tsuboi and Fukuda, 1997, 1998). Collectively, these findings propose that the CAG observed reflects an immature core-1 O-glycan caused by a down-regulation of expression of the responsible enzyme during inflammation from a variety of different causes. An important observation in our study is that the CAG observed on CD4+ T cells contributes significantly to the exacerbation, but not induction, of colitis. The data would thus indicate that impairment of O-glycan maturation in CD4+ T cells plays a deleterious role for progression of colitis and supports a previous notion that O-glycan maturation (branching) can safeguard against some autoimmune diseases (Green et al., 2007). Consistent with this, galectin-4, which interacts with immature glycan structures (Ideo et al., 2002; Blixt et al., 2004), has been shown to exacerbate an experimental chronic colitis (Hokama et al., 2004). In contrast, galectins-1 and -3, which interact with more mature glycan structures (Lowe, 2001; Baum and Crocker, 2009), contribute to the suppression of colitis (Santucci et al., 2003; Müller et al., 2006). Thus, during the course of inflammation, changes in the glycan structures that decorate pathogenic memory T cells results in alterations in cell surface interactions that further control intestinal inflammation. Alternatively, administration of galectin-4 delayed the recovery from DSS-induced colitis (Hokama et al., 2004), whereas the administration ameliorated the acute phase of this colitis (Pacl et al., 2008). DSS-induced acute colitis is mediated by innate immune response, and adaptive immune responses then participate in the recovery process from this colitis (Mizoguchi, 2012). Therefore, it is possible that the role of galectin-4 in colitis differs depending on innate versus adaptive immune responses involved. This possibility is supported by a recent report demonstrating the ability of galectin-4 to suppress innate immune response by killing blood group antigen–expressing bacteria (Stowell et al., 2010).

Galectin-4 has previously been demonstrated to promote the formation of super rafts on non–T cells (Braccia et al., 2003). Here, we propose that CAG, which interacts with galectin-4, contributes to super raft formation on colonic CD4+ T cells, leading to prolonged IS-mediated activation. In support of
this, we show that formation of CAG led to sustained activation of PKCα; a key proximal element in the IS-induced signaling machinery (Arendt et al., 2002). PKCα is primarily responsible for the activation and proliferation of memory, but not naive, CD4+ T cells through consequent NF-κB activation (Sun et al., 2000). In addition, we have previously demonstrated that absence of PKCα suppresses both Th1 and Th2 responses in the inflamed colon by reducing memory CD4+ T cell proliferation rather than by inhibiting the differentiation of naive T cells into Th1, Th17, or Th2 cells (Nagahama et al., 2008). Consistent with this, we herein show that the absence of CAG suppressed the proliferative responses of colonic memory CD4+ T cells, but it did not affect the differentiation of Th subsets in the inflamed colon. Therefore, our studies propose that formation of CAG serves to sustain PKCα activation, resulting in enhanced expansion of memory CD4+ T cells in the inflamed colon. However, our current dataset may be unable to rule out a possibility that an alteration of retention/homing of CD4+ T cells is also involved in the CAG-mediated expansion in the inflamed colon.

PKCα has been proposed as an attractive therapeutic target in IBD (Baier and Wagner, 2009). PKCα-mediated signaling leading to consequent activation of NF-κB is used primarily by memory CD4+ T cells but not by naive CD4+ T cells, CD8+ T cells, or other cell types (Arendt et al., 2002; Kingeter and Schaefer, 2008). This is consistent with our observations that CAG is expressed by memory CD4+ T cells in the inflamed colon but not in other organs associated with models of colitis (Hokama et al., 2004). Interestingly, a recent study has suggested that PKCα is not recruited to the IS of CD4+ Foxp3+ regulatory T cells, but rather induces the regulatory function of these cells (Zanin-Zhorov et al., 2010). Thus, collectively, blockade of CAG formation for inhibition of PKCα activity may represent a specific therapeutic strategy to target colitogenic memory CD4+ T cells without affecting other T cell populations.

In summary, we propose that intestinal inflammation is associated with the formation of an inducible colitis-associated glycome (CAG) on local memory CD4+ T cells, which contributes to the exacerbation of intestinal inflammation, presumably by stimulating their expansion through prolonged PKCα activation. This mechanistic pathway may provide a rationale to specifically target effector memory CD4+ T cells in the inflamed intestine.

MATERIALS AND METHODS

Mice. Sperm of a transgenic mouse strain carrying human C2GnT gene under control of Lck promoter (Tabo and Fukuoka, 1997) was obtained from M. Fukuda (Burnham Institute, San Diego, CA), and the mice were recovered through in vitro fertilization with the help of Charles River Laboratory. The recovered T cell–specific C2GnT (T/C2Gnt) tg mice were further backcrossed to C57BL/6 mice five times. GFP tg, TcrDΔ~I/~/, Il-10Δ~II/~/, Rag1Δ~I/~/, and Tcrβ−BII−DKO) mice were C57BL/6 background (Nagahama et al., 2008; Shimomura et al., 2008). GFP-expressing T/C2Gnt tg mice were generated by crossing T/C2Gnt tg mice with GFP tg mice. All mice were maintained under specific pathogen–free facility at Massachusetts General Hospital. All experiments were approved by the subcommittee on Research Animal Care of Massachusetts General Hospital.

Human samples. Diagnosis for IBD was based on conventional clinical and endoscopic criteria. Surgically rejected or biopsy specimens were obtained with informed consent from patients who had active or inactive UC, active CD, Campylobacter infection, or polyps (as healthy control). All experiments were approved by local Ethics Committees of Shiga University of Medical Science and Keio University School of Medicine.

Induction and evaluation of colitis. For CD45RB model, T cells were first enriched from the spleen using T cell enrichment column (R&D Systems). After staining with FITC–anti-CD4 and PE–anti-CD45RB mAbs, CD4+CD45RBhigh T cells were purified using flow cytometric sorting. The purity was >98%. CD4+CD45RBhigh T cells (5 × 10⁵) were intravenously administered into Rag1Δ~I/~/ mice, and the recipients were euthanized at 8 wk after cell transfer. For memory CD4+ T cell–induced colitis model, T cells enriched through T cell–enrichment column were stained with FITC–anti-CD4 and PE–anti-CD45RB mAbs, and CD4+CD45RBhigh T cells were then purified using flow cytometric sorting. The purity was >99%. CD4+CD45RBhigh T cells (5 × 10⁵) were intravenously administered into BII−DKO mice, and the recipients were euthanized at 8 wk after cell transfer. The disease score of both models was assessed by a combination of gross and histological examinations as previously described (Nagahama et al., 2008).

Cell isolation and flow cytometric analysis. In humans, lamina propria mononuclear cells were isolated as previously described (Okazawa et al., 2002; Kamada et al., 2008). In brief, dissected mucosa was incubated with 30 mM EDTA for 20 min, followed by incubation in medium containing 1.5 mg/ml collagenase type IV (Sigma-Aldrich) and 0.1 mg/ml DNase I (Roche) for 60 min at 37°C. After passing glass wool columns, cells were subjected to Ficoll density gradient, and CD4+ cells were magnetically separated using IMag CD4 MicroBeads (BD). Colonic LP cells from mice were isolated as previously described (Shimomura et al., 2008). They were blocked, stained, and analyzed using FACS caliber (BD) and FlowJo software (Tree Star). For mice, FITC–anti-CD3ε (clone 145-2C11; BD), PE–anti-CD4 (clone RM4-4; eBioscience), FITC–PNA (Vector Laboratories), Biotinylated-MALII (Vector Laboratories)/Alexa Fluor 488–conjugated streptavidin (Invitrogen), Alexa Fluor 488–HPA (Invitrogen), and FITC–LEL (Vector Laboratories) were used. For humans, Alexa Fluor 488–human galectin-4, APC–anti-human CD4 (clone RPA-T4; BD), and APC–anti-human CD8 (clone SK1; BD) were used.

Recombinant galectins. Human and mouse recombinant galectin-4 and galectin-3 were generated previously (Hokama et al., 2004). Full-length cDNA of mouse galectin-8 was synthesized by GenScript Inc. and subcloned into pGEX-6P vector (GE Healthcare). BL-21 strain carrying pGEX-6P vector was used in the presence of 0.1 mM IPTG. Fusion protein was purified with glutathione Sepharose 4B, and recombinant protein was separated from the GST moiety by using PreScission protease (GE Healthcare). After removal of endotoxin using endotoxin removal gel (Thermo Fisher Scientific), the protein was dialyzed to PBS and concentrated. 1 mg of galectin was labeled with Alexa Fluor 488 or Alexa Fluor 594 according to the manufacturer’s instructions (Invitrogen).

Confocal microscopic analysis. Human colon tissues were snap-frozen in O.C.T. compound, and 5 μm (in thickness) cryosections were prepared. After fixation with acetone for 5 min at 4°C and subsequent blocking with 2% BSA and 1% gelatin, sections were subjected to double staining with anti–human CD4 (BioLegend). The staining was analyzed using FV1000 confocal laser microscopy (Olympus) immediately after immunostaining.

For mouse cells, purified CD4+ T cells were incubated with rabbit anti-Fam62a antibody, which was generated by help from Affinity BioReagents.
After washing, they were fixed with 4% paraformaldehyde and then incubated with goat anti-mouse IgG (Jackson Immunoresearch Laboratories) or αβ GalNAc IgM (Biocytogen) and stained with Alexa Fluor 594-anti-goat IgG and Alexa Fluor 488-anti-mouse IgG (Invitrogen). The stained cells were subjected to flow cytometric analysis immediately after staining.

Intracellular cytokine staining. Colonic cells were stimulated with phorbol-12,13-dibutyrate and ionomycin for 1 h, GolgiStop (eBioscience) was added, and the incubation was continued for additional 4 h as previously described (Nishida et al., 2012). The stimulated cells were stained with surface markers, fixed with Cytofix/Cytoperm, and then stained with Alexa Fluor 647-IL-17, PE-IL-4, FITC-IL-10, and/or FITC-IFN-γ mAbs (eBioscience, BD, and BioLegend). The cells were subjected to flow cytometric analysis immediately after staining.

Real-time PCR analysis. After staining with FITC–anti–CD4 (RM4.4) mAb, colonic cells were incubated with anti-FITC magnetic beads (Miltenyi Biotec) and CD4+ T cells were purified before RNA was extracted from them. In some experiments, RNA was extracted directly from colonic tissues. Total RNA was converted to cDNA using Superscript II (Invitrogen). The cDNA were initially amplified using Power SYBR Green PCR Master Mix (Applied Biosystems) with a primer set specific for β-actin, as previously described (Nagahama et al., 2008). The real-time PCR was performed by MX3000p QPCR machine (Strategene), and the cDNA concentration was further normalized to make the threshold cycle value of actin 20 cycles. The measurement of expression levels of molecules described in the text.

REFERENCES


