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Interleukin-21 Is Required for the Development of Type 1 Diabetes in NOD Mice

Andrew P.R. Sutherland,1,2 Tom Van Belle,3 Andrea L. Wurster,1 Akira Suto,1 Monia Michaud,1 Dorothy Zhang,1 Michael J. Grusby,1,4 and Matthias von Herrath3

OBJECTIVE—Interleukin (IL)-21 is a type 1 cytokine that has been implicated in the pathogenesis of type 1 diabetes via the unique biology of the nonobese diabetic (NOD) mouse strain. The aim of this study was to investigate a causal role for IL-21 in type 1 diabetes.

RESEARCH DESIGN AND METHODS—We generated IL-21R–deficient NOD mice and C57Bl/6 mice expressing IL-21 in pancreatic β-cells, allowing the determination of the role of insufficient and excessive IL-21 signaling in type 1 diabetes.

RESULTS—Deficiency in IL-21R expression renders NOD mice resistant to insulitis, production of insulin autoantibodies, and onset of type 1 diabetes. The lymphoid compartment in IL-21R–/– NOD is normal and does not contain an increased regulatory T-cell fraction or diminished effector cytokine responses. However, we observed a clear defect in autoreactive effector T-cells in IL-21R–/– NOD by transfer experiments. Conversely, overexpression of IL-21 in pancreatic β-cells induced inflammatory cytokine and chemokines, including IL-17A, IL17F, IFN-γ, monocyte chemotactant protein (MCP)-1, MCP-2, and interferon-inducible protein-10 in the pancreas. The ensuing leukocytic infiltration in the islets resulted in destruction of β-cells and spontaneous type 1 diabetes in the normally diabetes-resistant C57Bl/6 and NOD × C57Bl/6 backgrounds.

CONCLUSIONS—This work provides demonstration of the essential prodiabetogenic activities of IL-21 on diverse genetic backgrounds (NOD and C57BL/6) and indicates that IL-21 blockade could be a promising strategy for interventions in human type 1 diabetes. Diabetes 58:1144–1155, 2009

The nonobese diabetic (NOD) mouse model is the most well-characterized animal model of human type 1 diabetes and has provided important insights into the etiology and pathogenesis of this increasingly prevalent autoimmune disease (1). Rigorous genetic analysis of the NOD background has revealed the existence of multiple defined chromosomal regions known as insulin-dependent diabetes (idd) loci that confer susceptibility to or protection from the development of type 1 diabetes (2). Of the ~15 regions identified, idd3 is of particular importance, because congenic NOD lines containing alleles from protected strains at this locus are significantly less susceptible to diabetes. To date, idd3 is the most potent disease modifying the non–major histocompatibility complex (MHC) locus (3). Therefore, some of the genes within the idd3 interval must play a crucial role in regulating immune destruction of pancreatic β-cells.

Among the several candidate genes within the idd3 locus, interleukin (IL)-21 is of particular interest, because dysregulated IL-21 production and signaling has been found in the NOD mouse (4). IL-21 belongs to the type 1 cytokine family, which includes potent immune modulators such as IL-2, IL-4, IL-7, and IL-15, whose high-affinity receptor complexes all use the common γc receptor subunit (5,6). The specificity of IL-21 signaling is achieved through its specific interaction with the IL-21 receptor subunit, which forms a heterodimer with the γc subunit (7). This receptor complex delivers IL-21 signals to a variety of immune cells including CD4 T and CD8 T-cells, B-cells, NK cells, NKT cells, and dendritic cells (8–13), all of which can play some role in the pathogenesis of type 1 diabetes in the NOD mouse (14–20). Therefore, the aim of our present study was to better understand the role of IL-21 in type 1 diabetes. We demonstrate that loss of IL-21 signaling, via knockout of the IL-21 receptor, completely abrogates diabetes development on the NOD background. In addition, we demonstrate that overexpression of IL-21 in pancreatic β-cells induces a high incidence of spontaneous type 1 diabetes on the normally diabetes-resistant C57Bl/6 genetic background. Together, these findings clearly underline the potent prodiabetogenic activity of IL-21.

RESEARCH DESIGN AND METHODS

Mice. All mice were housed in microisolator cages under specific pathogen-free conditions at the Harvard School of Public Health and the La Jolla Institute for Allergy and Immunology. All animal studies were performed according to institutional and National Institutes of Health guidelines for animal use and care. Blood glucose levels were monitored weekly using OneTouch Ultra (LifeScan) or Ascensia Contour glucometers (Bayer). Diabetestes in NOD mice was defined as two consecutive blood glucose values >250 mg/dl. IL-21 receptor knockout mice were generated by homologous recombination as previously described (11). NOD/Ltj mice were purchased from The Jackson Laboratories, and the IL-21 receptor–null allele was backcrossed to the NOD background for 10 generations. The IL-21 transgenic (IL-21Tg) construct was generated by cloning the full-length murine IL-21 cDNA into a plasmid, which forms a heterodimer with the γc subunit (7). This receptor complex delivers IL-21 signals to a variety of immune cells including CD4 T and CD8 T-cells, B-cells, NK cells, NKT cells, and dendritic cells (8–13), all of which can play some role in the pathogenesis of type 1 diabetes in the NOD mouse (14–20). Therefore, the aim of our present study was to better understand the role of IL-21 in type 1 diabetes. We demonstrate that loss of IL-21 signaling, via knockout of the IL-21 receptor, completely abrogates diabetes development on the NOD background. In addition, we demonstrate that overexpression of IL-21 in pancreatic β-cells induces a high incidence of spontaneous type 1 diabetes on the normally diabetes-resistant C57Bl/6 genetic background. Together, these findings clearly underline the potent prodiabetogenic activity of IL-21.
Tissue isolation, fixation, and immunohistochemical staining. Pancreata were harvested from IL-21R−/− and IL-21R+/− NOD mice, immersed in OCT Compound (Tissue-Tek, Sakura) and quick-frozen on dry ice. The 6-μm sections were cut at three nonoverlapping levels (200 μm apart) and fixed in acetone for 10 min at room temperature. Sections were incubated for 1 h at room temperature with guinea pig anti-swine insulin (Dako, 1:500), biotin–anti-mouse CD8 (BD clone 53–6.7, 1:50), and biotin–anti-mouse CD4 (BD, clone RM4-5, 1:50). Next, goat anti–guinea pig alkaline phosphatase (Sigma, 1:50) and Avidin–HRP (Vector, 1:2,000) were incubated for 45 min at room temperature. Alkaline phosphatase or horseradish peroxidase (HRP) activity was visualized using Vector Blue Alkaline Phosphatase III (blue signal) and AEC substrate (red precipitates). Slides were mounted without hematoxylin counterstain (Dako Faramount Aqueous Mounting Medium). Islets were scored visually by light microscopy and categorized as no insulitis, peri-insulitis, mild infiltration (<25%), and heavy infiltration and scarring.

Pancreata were harvested from IL-21Tg and littermate controls and fixed overnight with 4% paraformaldehyde (Sigma-Aldrich) before routine paraffin embedding. After dewaxing, 6-μm sections were hydrated, stained with 3% H2O2 in MeOH (20 min at room temperature) to quench endogenous peroxidase activity. Antigen retrieval was performed using trypsin or proteinase K digestion. Next, slides were blocked in 1% BSA and 3% normal serum in PBS for 30 min at room temperature. Primary antibodies were incubated overnight at 4°C at the following concentrations: insulin 1:100 (#AA0664, Dako), IL-21 1:200 (#AF584 R&D Systems), CD4 1:100 (BioLegend), B220 1:100 (#550286, BD Biosciences), CD11c 1:100 (#553860, BD Biosciences), and LGL-1 1:50 (#555314, BD Biosciences). Primary antibodies were visualized using sequential detection with HRP-conjugated secondary antibodies (Jackson ImmunoResearch), tyramide signal amplification (PerkinElmer), streptavidin–HRP (Jackson ImmunoResearch), and diaminobenzidene (Sigma-Aldrich). Slides were counterstained with hematoxylin before mounting. Cell type–specific islet infiltration was scored using an arbitrary scale ranging from 0 (no islet infiltration) to 4 (scattered cells surrounding or within islets; 2, foci of cells surrounding islets; 3, foci of cellular infiltrates surrounding and cells within islets; and 4, dense foci of cellular infiltrates surrounding and within islets).

Lymphocyte preparations, transfers, and flow cytometry. Single-cell suspensions were prepared from spleen and peripheral lymph nodes by mechanical dissection, filtration through a 70-μm cell strainer (BD Biosciences), erythrocyte lysis using ACK buffer, and two washes in FACS buffer. Lymphocyte preparations, transfers, and flow cytometry.

RESULTS

Genetic and cellular studies have suggested that IL-21 could be important for the pathogenesis of type 1 diabetes in the NOD mouse model (3,4). To begin, we defined the expression patterns of IL-21 and IL-21R mRNA in the pancreas and pancreatic draining lymph nodes in pre-diabetic and diabetic NOD mice. IL-21 mRNA levels, essentially unaltered in pancreas draining lymph nodes, showed an upward trend in the pancreas as diabetes developed in the NOD (Fig. 1A, P = 0.057, pre-diabetic vs. diabetic NOD). Levels of IL-21R mRNA remained unchanged in both pancreas and associated draining lymph nodes as diabetes develops (Fig. 1B). IL-21R is clearly detectable on the surface of pancreatic CD4+ and CD8+ T-cells (Fig. 1C), including diabetogenic nrp-V7 tetramer+ CD8+ T-cells (data not shown), at levels comparable to splenic CD4+ and CD8+ T-cells from NOD (data not shown) and other strains (24). These data indicate that increased pancreatic IL-21 production correlates with diabetes onset in NOD mice and that T-cells infiltrating the pancreas express IL-21 receptor (IL-21R).

To assess the importance of signaling through the IL-21R during spontaneous type 1 diabetes development, we generated a colony of IL-21R–deficient NOD mice and compared disease parameters with littermate control animals. The IL-21R−/+NOD littersmates developed type 1 diabetes beginning at week 11, with a median onset at 19 weeks and >90% penetrance of disease (Fig. 2A), comparable to our NOD colony (2,3). In contrast, IL-21R−/−NOD animals were completely protected from type 1 diabetes development up to 60 weeks of age (Fig. 2A). Heterozygotes displayed an intermediate phenotype with delayed onset (median onset 29 weeks) and reduced penetrance of disease (~50%). The effect of IL-21R deficiency on mononuclear cell infiltration in the pancreas was determined by immunohistochemistry on pancreatic tissue sections. The severity of insulitis in IL-21R−/+NOD littersmates increased with age. At 13–18 weeks, IL-21R−/−NOD islets were highly infiltrated or destroyed, before diabetes onset (Fig. 2B). The observed infiltrate was composed predominately of CD4+ T-cells that preferentially resided in the islet zones where β-cell destruction had occurred (Fig. 2C). CD8+ T-cells were found scattered throughout the islet (Fig. 2C). In contrast, we observed minimal mononuclear cell infiltration in islets of IL-21R−/−NOD mice up to 40 weeks of age. In keeping with the lack of insulitis, autoimmunity to islet antigens was reduced in IL-21R−/−NOD. Quantification of serum insulin autoantibodies revealed seropositivity in 10/27 IL-21R−/+NOD mice (8–12 weeks old), in contrast to only 1/20 IL-21R−/−NOD mice (Fig. 2D). Thus, loss of IL-21 signaling protects NOD mice from diabetes, islet inflammation, and the generation of islet autoantibodies.

We next analyzed the constitution of the lymphoid compartment of various IL-21RNOD genotypes. We found roughly equal splenocyte numbers in IL-21R−/+NOD, IL-21R−/−NOD, and IL-21R−/−NOD at both early (7–9 weeks) and late pre-diabetic stages (12–15 weeks) (data not shown). The proportion of CD4+ and CD8+ T-cells within the lymphocyte population in spleen and the pancreatic draining lymph node was not significantly influenced by IL-21R deficiency (Fig. 3A and B; supplementary Fig. 2, found in an online appendix at http://care.diabetesjournals/cgi/content/full/db08-0882/DC1). Moreover, the fraction of B-cells and NK cells at 12–15 weeks of age was similar between all genotypes (data not shown).

Enumeration of pancreatic CD4+ and CD8+ T-cells corroborated the insulin index scores (Fig. 2B) as CD4+ and CD8+ T-cell numbers increased from early to late pre-diabetic stage in IL-21R−/+NOD but were significantly reduced in IL-21R−/−NOD pancreata (Fig. 3A and B, lower panels). We hypothesized that an increased regulatory compartment could explain the observed diabetes resistance of IL-21R−/−NOD mice. Whereas no significant differences in CD4+FoxP3+ Tregs were observed in the spleen of late-stage pre-diabetic mice (Fig. 3C), the Treg...
fraction in the pancreatic lymph nodes of IL-21R−/− NOD mice was reduced (~50%) compared with controls. This may represent a relative reduction of Tregs in IL-21R−/− NOD mice or an increase in IL-21R+/+ NOD related to disease onset (25). Regardless, we conclude that the peripheral lymphoid compartment in IL-21R−/− NOD is essentially normal, with the unexpected exception of reduced Treg numbers in the pancreatic lymph nodes, which suggests that diabetes resistance is not due to an increased regulatory compartment.

Given the absence of obvious cellular defects, we reasoned that modulation of Th effector responses from pathogenic (Th1, Th17) to protective (Th2) may account for diabetes protection in IL-21R−/− NOD mice. Lymphocytes from spleens and pancreatic lymph nodes of 8- to 9-week-old IL-21R+/+ NOD and IL-21R−/− NOD mice were restimulated in vitro with phorbol 12-myristate 13-acetate/ionomycin for 3 h for intracellular cytokine detection by flow cytometry. We found a slight increase in the proportion of CD4+ T-cells that produce IL-17 or interferon (IFN)-γ in the splenic and pancreatic lymph node cells of IL-21R−/− NOD mice (Fig. 4A). We next used enzyme-linked immunosorbent spot assays to confirm these data. Splenocytes from IL-21R+/+ NOD and IL-21R−/− NOD mice were stimulated for 72 h with anti-CD3/anti-CD28 under nonpolarizing conditions. We observed significantly

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**FIG. 1.** Expression of IL-21 and IL-21R in pancreas and pancreatic lymph nodes of NOD mice. A: IL-21 mRNA analyzed in pancreas and pancreatic lymph node at indicated ages by quantitative PCR (n = 6 per group). B: IL-21R mRNA analyzed in pancreas and pancreatic lymph node at indicated ages by quantitative PCR (n = 6 per group). C: IL-21R expression on CD4+ (left panel) and CD8+ T-cells (right panel) from pancreas of prediabetic NOD mice was determined by flow cytometry using the three-step staining protocol described before (24). Specific and control staining are represented by the solid line and tinted area, respectively. AU, arbitrary units.
increased numbers of IL-17– and IL-4–producing cells in IL-21R−/− NOD splenocytes compared with controls. We also found a trend toward increased IFN-γ– and IL-10–producing cells that failed to reach statistical significance. Thus, whereas there are increases in IL-4 production, concomitant increases in IL-17 and possibly IFN-γ make it unlikely that skewing toward protective Th2 response explains the diabetes resistance in IL-21R−/− NOD mice.

To decipher whether an IL-21R+/+ NOD environment was sufficient to restore the diabetogenic potential of IL-21R−/− NOD lymphocytes, we performed parallel transfers of IL-21R+/+ NOD and IL-21R−/− NOD splenocytes into lymphopenic NOD/scid recipients. As previously published, splenocytes from recently diabetic IL-21R+/+ NOD mice induced diabetes upon transfer to NOD/scid mice starting at 3 weeks post-transfer (Fig. 5A). In contrast, transfer of age-matched IL-21R−/− NOD splenocytes could not induce diabetes in NOD/scid mice (Fig. 5A). Immunohistochemistry on pancreatic sections revealed limited islet infiltration by CD4+ and CD8+ T-cells in NOD/scid recipients of IL-21R+/+ NOD splenocytes, but abundant infiltration by transferred IL-21R−/− NOD splenocytes. Defective reconstitution of lymphoid space by IL-21R−/− NOD lymphocytes could not explain these observations, as we found equivalent numbers of lymphoid cells in spleen or pancreatic lymph nodes of NOD/scid mice receiving either IL-21R+/+ NOD or IL-21R−/− NOD splenocytes (Fig. 5D). These observations indicate that IL-21R−/− NOD mice lack auto-aggressive splenocytes compared with their wild-type littermates and that lymphopenia-induced proliferation of IL-21R−/− NOD lymphocytes does not confer them with diabetogenic properties.

We showed that pancreatic levels of IL-21 increase during diabetes development in NOD (Fig. 1A) and that loss of IL-21 signaling protects NOD mice from islet infiltration and diabetes development (Fig. 2). We therefore hypothesized that elevated levels of IL-21 would
exacerbate disease pathogenesis. To test this, we generated transgenic C57Bl/6 mice in which IL-21 is under the control of the human insulin promoter, resulting in pancreatic β-cell–specific overexpression of IL-21 (Fig. 6A).

Next, we measured IL-21 levels by quantitative RT-PCR (Fig. 6B) and by immunohistochemistry using a polyclonal anti-mouse IL-21 antibody (Fig. 6C). These data revealed distinct overexpression of IL-21 mRNA and protein in pancreatic islets of IL-21 transgenic animals.

Analysis of lymphoid compartments revealed splenomegaly and lymphadenopathy in IL-21Tg mice. We identified a ~2.5-fold increase in total cell numbers in spleen (Fig. 6D) and pancreatic draining lymph nodes (Fig. 6E) resultant from expansion of both the T-cell (CD3+) and B-cell (B220+) compartments (data not shown). Most B-cells in our IL21Tg mice displayed a mature phenotype, while expressing reduced levels of CD21 and CD23 (IgD+, IgM-, CD21lo, CD23lo) (Fig. 6F). Other studies have shown that IL-21 can downregulate surface CD21 and CD23 on B-cells, and expansion of IgD+IgM-CD21loCD23lo B-cells was also observed in other IL-21Tg mouse lines driven by ubiquitous promoters (10). Thus, these data suggest that bioactive IL-21, expressed specifically by pancreatic β-cells, is released systemically from the endocrine pancreas to mediate effects in peripheral lymphoid compartments.

To determine whether IL-21 overexpression resulted in diabetes onset, we monitored blood glucose levels of

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**FIG. 3.** IL-21R−/− NOD mice have a normal peripheral lymphoid compartment but less T-cells in the pancreas. CD4+ (A) and CD8+ (B) T-cells were measured in spleen, pancreas-draining lymph node, and pancreas of IL-21R−/−, IL-21R−/−, and IL-21R−/− NOD mice at 7–9 weeks (early pre-diabetic) or 12–15 weeks (late pre-diabetic) of age. Indicated percentages are fractions of CD4+ or CD8+ T-cells in the live lymphocyte gate. C: Flow cytometric determination of the proportion of CD4+FoxP3+ T-cells in the lymphocyte gate of IL-21R−/−, IL-21R−/−, and IL-21R−/− NOD spleens (left panel) and pancreatic lymph nodes (right panel) at 12–15 weeks of age.
IL-21R of in vitro unpolarized anti-CD3/28 stimulation of freshly isolated bent spot analysis of IFN-γ and IL-17 production by CD4+ T-cells upon 3 h phorbol 12-myristate 13-acetate/ionomycin stimulation of freshly isolated IL-17A myeloid maturation and IFN-inducible protein (IP)-10 production (Fig. 8C). In addition, we found a significant increase in monocyte chemoattractant protein (MCP)-1, MCP-2, and IFN-inducible protein (IP)-10 production (Fig. 8D). Thus, pancreatic β-cell–specific overexpression of IL-21 results in the production of inflammatory cytokines and chemokines and predominant infiltration of the islets by macrophages and CD4+ T-cells.

DISCUSSION

In this study, we demonstrate a causal relationship between IL-21 production and type 1 diabetes. First, IL-21 production increases as spontaneous diabetes develops in the NOD model. Second, IL-21R–deficient NOD mice are protected from type 1 diabetes. Third, β-cell–specific overexpression of IL-21 precipitates diabetes in diabetes-resistant C57BL/6 mice.
IL-21R and Sarvetnick detected higher lymphocyte numbers in NOD mice (not shown). In contrast to ours and other studies, Datta et al. (37) identify defective polarization toward the Th17 lineage in IL-21R−/− NOD lymphocytes and reason that defective IL-17 production may explain diabetes resistance in IL-21R−/− NOD mice. We (data not shown) and others (39) find similarly defective in vitro Th17 polarization using IL-21R−/− T-cells. Moreover, our data show increased IL-17 production in the pancreas of β-cell–specific IL-21 overexpressing mice (Fig. 8D). However, we show increased numbers of IL-17–producing cells in IL-21R−/− NOD mice when cells are restimulated directly ex vivo, which is likely to be more reflective of the in vivo context. Thus, we conclude that reduced IL-17 production in IL-21R−/− NOD mice is unlikely to be the mechanism for the protection from type 1 diabetes.

The reduced frequency of insulin autoantibodies and insulitis in IL-21R−/− NOD mice (Fig. 2B and D) shows that IL-21 is required for diabetes development by regulating homeostatic proliferation.

Given that T-cell numbers and responses are intact in IL-21R−/− mice (8,11), we hypothesized that altered cytokine production may partially account for the protection from type 1 diabetes. Our analyses show that production of various effector cytokines was not impaired in IL-21R−/− NOD mice (Fig. 4A and B). One of these cytokines, IL-17, has recently been shown to modulate some aspects of the type 1 diabetes pathogenesis in NOD (38), and recent studies identify IL-21 as an amplifying factor for Th17 responses (39,40). Spolski et al. (37) identify defective polarization toward the Th17 lineage in IL-21R−/− NOD lymphocytes and reason that defective IL-17 production may explain diabetes resistance in IL-21R−/− NOD mice. We (data not shown) and others (39) find similarly defective in vitro Th17 polarization using IL-21R−/− T-cells. Moreover, our data show increased IL-17 production in the pancreas of β-cell–specific IL-21 overexpressing mice (Fig. 8D). However, we show increased numbers of IL-17–producing cells in IL-21R−/− NOD mice when cells are restimulated directly ex vivo, which is likely to be more reflective of the in vivo context. Thus, we conclude that reduced IL-17 production in IL-21R−/− NOD mice is unlikely to be the mechanism for the protection from type 1 diabetes.
FIG. 6. Expression of IL-21 in pancreatic islets through an insulin promoter transgenic construct leads to increased cellularity of lymphoid organs and altered expression of B-cell maturation markers in IL-21Tg mice. A: Murine IL-21 was cloned into the transgenic construct under the control of the human insulin promoter and HBS (hepatitis B virus) terminator sequences. B: IL-21 mRNA levels were measured in pancreatic tissue from IL-21Tg and littermate controls by quantitative RT-PCR. C: Immunohistochemical staining for paraffin embedded pancreatic tissue with an IL-21–specific polyclonal antibody (*top panel Tg+, right panel Tg+, a representative islet is marked with an arrow). Original magnification: ×20. Total cell numbers in spleen (D) and pancreatic draining lymph nodes (E) (*P < 0.05) and IgD vs. IgM staining (F) of B220+ cells (top panels) and frequencies of mature (IgM+ IgD−) and marginal zone/transitional (IgM+ IgD+) B-cells are shown. CD23 vs. CD21 staining of IgM+ cells (bottom panels) and mean fluorescence intensity for each marker is shown on the relevant axis (n = 4 for all experiments shown). (A high-quality digital representation of this figure is available in the online issue.)

that the anti-islet response is impaired at multiple levels. Reduced autoantibody levels may reflect impairments in CD4+ T helper cell function or antibody production in the absence of IL-21R (9,41,42). Anti-islet IL-21R−/− T-cells may be primed ineffectively or possess inherent defects in migration to islet tissue. Since IL-21R−/− NOD mice have normal or fewer numbers of regulatory T-cells (Fig. 3C), and the function of these cells is not altered (37), it is unlikely that increased regulatory function explains the reductions in autoimmunity. Transfer experiments using diabetogenic T-cell receptor–transgenic T-cells may elucidate the existence of defects in priming or trafficking and are the subject of ongoing studies.

Although IL-21R deficiency protects diabetes-prone NOD mice from type 1 diabetes, β-cell–specific overexpression of IL-21 causes severe diabetes in otherwise diabetes-resistant C57Bl/6 mice. Few other models of cytokine overexpression in pancreatic islets cause diabetes of similar severity (43,44). The phenotype of IL-21Tg mice most closely resembles that of IFN-γTg mice in terms of onset and severity of disease. The IFN-γTg model is both T-cell and macrophage dependent (21,45,46). Similar to the IFN-γTg model, the high numbers of macrophages in the islet infiltrates of IL-21Tg mice suggest an important role for macrophages, since macrophage-derived inflammatory cytokines and reactive oxygen species are directly
toxic to \( \beta \)-cells (47). In vitro stimulation of macrophages with IL-21 enhances their T-cell priming capacity (48); thus, phagocytosis of damaged islets and presentation of \( \beta \)-cell antigens to \( \mathrm{CD4}^{+} \) T-cells may cause enhanced killing of islets in the IL-21Tg model. In IL-21Tg pancreatic tissue, we showed upregulation of chemokine transcripts such as MCP-1, MCP-2, and IP-10, which recruit inflammatory cells such as macrophages and CXC\( \mathrm{R} \)\( ^{3+} \) T-cells (Fig. 8E) (49). Previous studies identified \( \beta \)-cells as an important source of chemokines during diabetes pathogenesis, but our experiments have failed to identify IL-21R expression on \( \beta \)-cells (supplementary Fig. 1). Regardless, we believe that

FIG. 7. IL-21Tg mice develop spontaneous type 1 diabetes on the C57Bl/6 background, the severity of which is increased in the context of NOD alleles. A: IL-21Tg mice and wild-type littermate controls. Diabetic incidence was calculated per group as two consecutive readings over 250 mg/dl and displayed as percentage of diabetic mice per group (Tg\(^{-}\), \( n = 24 \); Tg\(^{+}\), \( n = 25 \)). Diabetes incidence was scored as survival curve data and is different by log-rank test (\( P < 0.0001 \)). B: Weekly measurements of blood glucose were performed on IL-21Tg mice after crossing to the IL-21R knockout (C57Bl/6), and diabetes incidence was calculated (all mice Tg\(^{+}\), IL-21R\(^{-/-}\), \( n = 7 \); IL-21R\(^{-/-}\), \( n = 8 \)). Paraffin-embedded pancreatic tissue from wild-type and IL-21Tg mice was sectioned, stained with an anti-insulin polyclonal antibody, and counterstained with hematoxylin. C: Total number of insulin-positive islets per visual field. D: Individual islets were scored for the presence of peri- and intra-islet infiltration and displayed as percentage of infiltrated islets per group (<10 weeks, Tg\(^{-}\), \( n = 3 \); Tg\(^{+}\), \( n = 8 \); 10–16 weeks, Tg\(^{-}\), \( n = 12 \); Tg\(^{+}\), \( n = 14 \); >16 weeks, Tg\(^{-}\), \( n = 7 \); Tg\(^{+}\), \( n = 12 \)). Original magnification: \( \times 10 \). E: IL-21Tg mice on the C57Bl/6 background were crossed with the NOD strain to generate a B6XNOD F1 mixed background. Weekly measurements of blood glucose were performed on IL-21Tg littermate controls, and diabetes incidence was calculated (Tg\(^{-}\), \( n = 19 \); Tg\(^{+}\), \( n = 16 \)). Diabetes incidence was scored as survival curve data and is different by logrank test (\( P < 0.0001 \)). Paraffin-embedded pancreatic tissue from this cross was quantitated for total number of insulin-positive islets per visual field (F) and individual islets scored for the presence of peri- and intra-islet infiltration and displayed as percentage of infiltrated islets per group (G) (2 weeks, Tg\(^{-}\), \( n = 11 \); Tg\(^{+}\), \( n = 12 \); 3 weeks, Tg\(^{-}\), \( n = 15 \); Tg\(^{+}\), \( n = 7 \)).
IL-21–dependent inflammatory chemokine production could be an important element of the pathogenesis of type 1 diabetes and partially explain the protection afforded by IL-21R deficiency in the NOD model (33,50,51).

In conclusion, we demonstrate a critical role of IL-21 for diabetes pathogenesis in animal models. The disease-promoting activities of IL-21 involve the recruitment of CD4+ cells and macrophages to inflamed islets and may...
reflect events that occur in response to IL-21 production by infiltrating cells. In addition, the partial protection from diabetes in IL-21R+/− NOD mice shows the sensitivity of the diabetogenic response to alterations in IL-21 signaling and, by inference, IL-21 levels. Thus, both of our experimental models suggest that the use of IL-21 blocking agents, antibodies, or IL-21R-Fc fusion proteins has potential therapeutic value for the prevention or treatment of human type 1 diabetes.

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