

GOPEN ACCESS

Citation: Arellano B, Hussain R, Miller-Little WA, Herndon E, Lambracht-Washington D, Eagar TN, et al. (2016) A Single Amino Acid Substitution Prevents Recognition of a Dominant Human Aquaporin-4 Determinant in the Context of *HLA-DRB1* 03:01* by a Murine TCR. PLoS ONE 11(4): e0152720. doi:10.1371/journal.pone.0152720

Editor: Monika Bradl, Medical University Vienna, Center for Brain Research, AUSTRIA

Received: January 28, 2016

Accepted: March 17, 2016

Published: April 7, 2016

Copyright: This is an open access article, free of all copyright, and may be freely reproduced, distributed, transmitted, modified, built upon, or otherwise used by anyone for any lawful purpose. The work is made available under the <u>Creative Commons CC0</u> public domain dedication.

Data Availability Statement: All data are contained within the paper.

Funding: Opexa Therapeutics played no role in funding this project, in the study design, data collection and analysis, decision to publish, preparation of the manuscript, and neither did the company provide any financial support in the form of authors' salaries or research materials.

Competing Interests: Dr. Olaf Stuve serves on the editorial boards of JAMA Neurology, Multiple

RESEARCH ARTICLE

A Single Amino Acid Substitution Prevents Recognition of a Dominant Human Aquaporin-4 Determinant in the Context of *HLA-DRB1**03:01 by a Murine TCR

Benjamine Arellano¹, Rehana Hussain¹, William A. Miller-Little¹, Emily Herndon², Doris Lambracht-Washington¹, Todd N. Eagar³, Robert Lewis¹, Don Healey⁴, Steven Vernino¹, Benjamin M. Greenberg¹, Olaf Stüve^{1,5,6}*

1 Department of Neurology and Neurotherapeutics, University of Texas Southwestern Medical Center at Dallas, Dallas, TX, United States of America, 2 Department of Pathology, University of Texas Southwestern Medical Center at Dallas, Dallas, TX, United States of America, 3 Histocompatibility and Transplant Immunology, Department of Pathology and Genomic Medicine, The Methodist Hospital Physician Organization, Houston, TX, United States of America, 4 Opexa Therapeutics, The Woodlands, TX, United States of America, 5 Neurology Section, VA North Texas Health Care System, Medical Service, Dallas, TX, United States of America, 6 Department of Neurology, Klinikum rechts der Isar, Technische Universität München, Munich, Germany

* <u>olaf.stuve@utsouthwestern.edu</u>

Abstract

Background

Aquaporin 4 (AQP4) is considered a putative autoantigen in patients with Neuromyelitis optica (NMO), an autoinflammatory disorder of the central nervous system (CNS). HLA haplotype analyses of patients with NMO suggest a positive association with *HLA-DRB1** 03:01. We previously showed that the human (h) AQP4 peptide 281–300 is the dominant immunogenic determinant of hAQP4 in the context of *HLA-DRB1**03:01. This immunogenic peptide stimulates a strong Th₁ and Th₁₇ immune response. AQP4₂₈₁₋₃₀₀-specific encephalitogenic CD4⁺ T cells should initiate CNS inflammation that results in a clinical phenotype in *HLA-DRB1**03:01 transgenic mice.

Methods

Controlled study with humanized experimental animals. *HLA-DRB1*03:01* transgenic mice were immunized with hAQP4₂₈₁₋₃₀₀, or whole-length hAQP4 protein emulsified in complete Freund's adjuvant. Humoral immune responses to both antigens were assessed longitudinally. *In vivo* T cell frequencies were assessed by tetramer staining. Mice were followed clinically, and the anterior visual pathway was tested by pupillometry. CNS tissue was examined histologically post-mortem. Flow cytometry was utilized for MHC binding assays and to immunophenotype T cells, and T cell frequencies were determined by ELISpot assay.



Sclerosis Journal, and Therapeutic Advances in Neurological Disorders. Dr. Stüve has served on data monitoring committees for Pfizer and Sanofi-Aventis without monetary compensation. Dr. Stüve collaborated with Medscape on educational initiatives. Dr. Stüve represented Novartis in front of a Scientific Advisory Group at the European Medicines Agency (EMA). Dr. Stüve has advised Genentech and Sanofi-Aventis. Dr. Stüve has consulted for Huron Life Sciences and Navigant Consulting. Dr. Stüve currently receives grant support from Teva Pharmaceuticals and Opexa Therapeutics. Dr. Stüve received travel support from Pfizer. Dr. Stüve is funded by a Merit grant from the US Department of Veterans Affairs. Dr. Healey is an employee of Opexa Therapeutics. These commercial affiliations do not alter the authors' adherence to PLOS ONE policies on sharing data and materials.

Results

Immunization with hAQP4₂₈₁₋₃₀₀ resulted in an *in vivo* expansion of antigen-specific CD4⁺ T cells, and an immunoglobulin isotype switch. *HLA-DRB1*03:01* TG mice actively immunized with hAQP4₂₈₁₋₃₀₀, or with whole-length hAQP4 protein were resistant to developing a neurological disease that resembles NMO. Experimental mice show no histological evidence of CNS inflammation, nor change in pupillary responses. Subsequent analysis reveals that a single amino acid substitution from aspartic acid in hAQP4 to glutamic acid in murine (m)AQP4 at position 290 prevents the recognition of hAQP4₂₈₁₋₃₀₀ by the murine T cell receptor (TCR).

Conclusion

Induction of a CNS inflammatory autoimmune disorder by active immunization of *HLA*-*DRB1*03:01* TG mice with human hAQP4₂₈₁₋₃₀₀ will be complex due to a single amino acid substitution. The pathogenic role of T cells in this disorder remains critical despite these observations.

Introduction

Neuromyelitis optica (NMO) is a demyelinating inflammatory disorder of the central nervous system (CNS) that is clinically and pathologically defined as the co-occurrence of optic neuritis and myelitis $[\underline{1}, \underline{2}]$. Aquaporin (AQP)4 is considered a potential autoantigen in patients with NMO after an autoantibody, designated NMO-IgG, that binds to human (h) AQP4 was detected in the serum of the vast majority of patients with NMO [$\underline{3}, \underline{4}$]. The presence of the NMO-IgG has led many neurologist and neuroimmunologists to believe that NMO may be a primarily B cell-mediated disease.

However, there is evidence to suggest a cellular immune response in NMO during disease initiation or perpetuation [5, 6]. HLA haplotype analyses of patients with NMO suggest a positive association with *HLA-DRB1*^{*} 03:01 (DR17) [7, 8] [9], a gene that codes for a major histocompatibility class (MHC) II molecule that presents linear antigens to CD4⁺ T cells [10]. Also, NMO-IgG is undetectable in a substantial number of patients with NMO [3]. A NMO-IgG, antibody isotype switch from IgM to IgG could not occur without CD4⁺ T cell involvement [11, 12], which are abundantly present in NMO lesions [13]. B cell-depleting therapies are not consistently beneficial in patients with NMO [14–16]. Finally, transfer of AQP4-reactive T cells into wild-type mice and rats results in neurological deficits and CNS inflammation [17, 18].

Other investigators have identified immunogenic linear determinants in various rodent species [5, 6, 19–21]. We have previously shown that human AQP4 peptide 281-330 (hAQP4₂₈₁₋₃₀₀) is the dominant immunogenic determinant of hAQP4 in the context of *HLA-DRB1*03:01* [21]. Characterizing the encephalitogenic role of these AQP4 specific T helper cells will bring to light the role of the cellular immune response in the initiation and progression of the NMO clinical disease phenotype.

In this study we intended to establish a T cell-mediated animal model of NMO in the context of *HLA-DRB1**03:01, utilizing hAQP4₂₈₁₋₃₀₀ as the dominant hAQP4 determinant in that MHC II haplotype. Induction of an autoimmune disorder resembling experimental autoimmune encephalomyelitis (EAE)[22] was attempted by active immunization and adoptive transfer. Clinical disease activity, CNS tissue inflammation, and changes in pupillary reflexes were assessed. Alanine scanning of AQP4₂₈₁₋₃₀₀ was performed to test recognition by mouse T cell receptors (TCRs) and *HLA-DRB1*03:01*.

We were unable to induce clinical EAE, CNS inflammation, or altered pupillary responses. Disease resistance is the result of a single amino acid substitution from aspartic acid in hAQP4 to glutamic acid in murine (m)AQP4 at position 290 prevents the recognition of hAQP4₂₈₁₋₃₀₀ by the murine T cell receptor (TCR).

Results

Immunization with human (h)AQP4 $_{281-300}$ leads to an expansion of antigen-specific CD4⁺ T cells in vivo

Following immunization with human (h)AQP4₂₈₁₋₃₀₀ an expansion of antigen-specific CD4⁺ T helper cells was detected by tetramer staining of lymph node cells (Fig 1A).

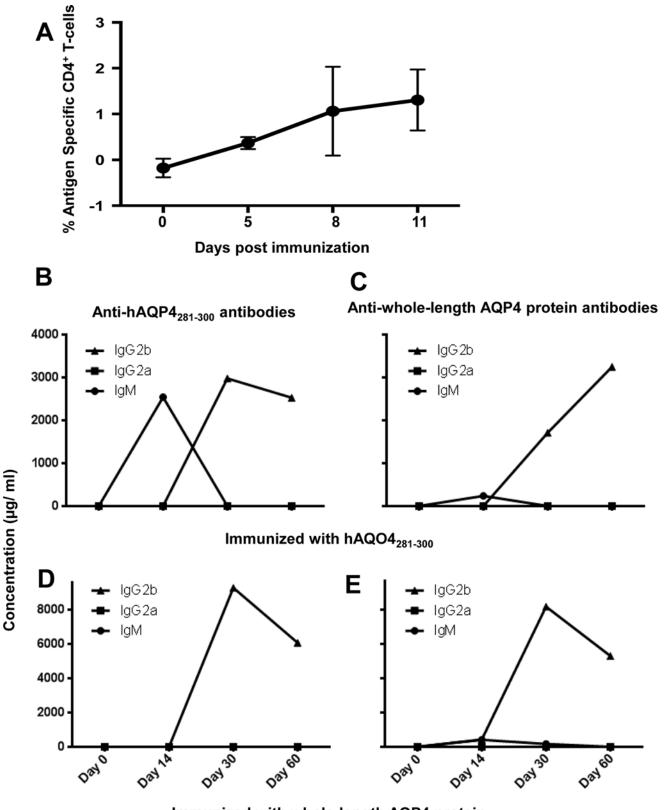
Immunization with human (h)AQP4₂₈₁₋₃₀₀ leads to an Ig isotype switch in HLA-DRB1*03:01 transgenic mice

CD4⁺ T helper cells provide soluble mediators that drive B cell differentiation immunoglobulin (Ig) class switching. To determine whether hAQP4₂₈₁₋₃₀₀-reactive CD4⁺ T cells are capable of causing IgM to IgG isotype switching in *HLA-DRB1**03:01 transgenic mice, the concentration of Ig against hAQP4₂₈₁₋₃₀₀, mAQP4284-299, or with whole-length hAQP4 protein in serum of immunized mice was quantified longitudinally. Since the NMO-IgG is a human IgG1 isotype, both, the murine IgG2a and IgG2b isotype were examined as they have similar properties with regard to complement binding and the Fc γ receptor. A switch from IgM to IgG2b was detected in mice immunized with hAQP4₂₈₁₋₃₀₀ peptide with regard to antibody responses against hAQP4₂₈₁₋₃₀₀ (Fig 1B), and whole-length AQP4 protein (Fig 1C). An Ig isotype switch from IgM to IgG2b was also detectable in mice immunized with whole-length AQP4 protein with regard to antibody responses against hAQP4₂₈₁₋₃₀₀ (Fig 1E). Thus, B cells of *HLA-DRB1**03:01 transgenic mice are capable of recognizing hAQP4₂₈₁₋₃₀₀ peptide via the B cell receptor (BCR), and the cellular immune response against hAQP4₂₈₁₋₃₀₀ subsequently drives Ig isotype switching. These data support our previously published data that hAQP4₂₈₁₋₃₀₀ is a dominant determinant in *HLA-DRB1**03:01 [21].

Active immunization with hAQP4 does not lead to clinical disease

We first examined whether active immunization of *HLA-DRB1**03:01 transgenic [23] mice with hAQP4 results in clinical disease. A multitude of experimental procedures and conditions were tested to examine the encephalitogenic potential of hAQP4 peptides using the transgenic mice. Previously, our laboratory determined that hAQP4₂₈₁₋₃₀₀ was capable of generating a strong Th₁ and Th₁₇ immune response as measured by IFN γ and IL-17 ELISpot assay [21]. We performed active immunization with whole-length hAQP4 protein, hAQP4₂₈₁₋₃₀₀, or mAQP4₂₈₁₋₃₀₀ in an attempt to generate an animal model of NMO. Experimental animals also received intraperitoneal (i.p.) injections of pertussis toxin (Ptx) on the day of immunization and two days post immunization [24]. This approach resulted in no observable clinical paralysis commonly seen in EAE models (Fig 2A). Immunization with a positive control proteolipid protein (PLP)₉₁₋₁₁₀, the dominant encephalitogenic determinant in *HLA-DRB1**03:01 [25] led to typical EAE (Fig 2A). All EAE experiments were terminated at day 30. None of the experimental animals immunized with PLP₉₁₋₁₁₀ that developed EAE died prematurely.

Subsequently, alternative methods to generate a T cell-mediated NMO model were employed. Some CNS autoimmune disease animal models require weekly booster immunization to generate



Immunized with whole-length AQP4 protein

Fig 1. Immunization with human (h)AQP4₂₈₁₋₃₀₀ leads to an expansion of antigen-specific CD4⁺ T cells *in vivo*, and an Ig isotype switch in *HLA-DRB1*03:01* transgenic mice. (A) Following immunization with human (h)AQP4₂₈₁₋₃₀₀, an expansion of antigen-specific CD4⁺ T helper cells was detected by tetramer staining of lymph node cells. The fluorescent signal of *HLA-DRB1*03:01*-loaded tetramers minus the fluorescent signal of empty *HLA-DRB1*03:01* tetramers is shown. CD4⁺ T helper cells provide soluble mediators that drive B cell differentiation immunoglobulin (lg) class switching. To determine whether hAQP4₂₈₁₋₃₀₀-reactive CD4⁺ T cells are capable of causing IgM to IgG isotype switching in *HLA-DRB1*03:01* transgenic mice, the concentration of Ig against hAQP4₂₈₁₋₃₀₀, mAQP4284-299, or with whole-length hAQP4 protein in serum of immunized mice was quantified longitudinally. Since the NMO-IgG is a human IgG1 isotype, both, the murine IgG2a and IgG2b isotype were examined as they have similar properties with regard to complement binding and the Fcγ receptor. A switch from IgM to IgG2b was detected in mice immunized with hAQP4₂₈₁₋₃₀₀ and (C) whole-length AQP4 protein. An Ig isotype switch from IgM to IgG2b was also detectable in mice immunized with whole-length AQP4 protein.

doi:10.1371/journal.pone.0152720.g001

disease phenotypes [26]. The rationale for this approach is to increase the encephalitogenic potential of hAQP4₂₈₁₋₃₀₀ by overcoming mechanisms of peripheral tolerance. In other experiments, additional booster immunization were given at day fourteen with adjuvants other than CFA, including QuilA and incomplete Freund's adjuvant (IFA). Again, no clinical disease was observed (Fig 2A).

Mice were also co-immunized mice with both hAQP4₂₈₁₋₃₀₀ and mAQP4₂₈₁₋₃₀₀. Again, there was complete disease resistance (Fig 2A).

Adoptive transfer of hAQP4281-300-specific CD4⁺ T cells does not lead to clinical disease

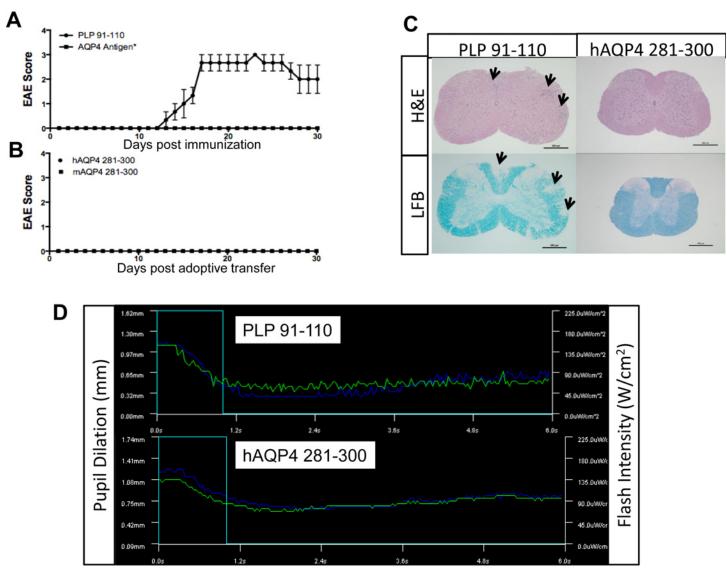
In the adoptive transfer EAE model myelin-reactive activated CD4^+ T cells are transferred into a naïve recipient. This model has some propensities that are very different from activelyinduced EAE: [27] The potential effects of adjuvant and pertussis toxin on the innate immune system are eliminated, and [27] *in vitro* re-activated donor T cells are less dependent on reactivation within the recipient CNS [28]. This model was specifically developed to test the role of antigen-specific donor T cells in EAE pathogenesis [29]. Since Th₁ and Th₁₇ cells have been shown in the EAE model to be capable of causing disease when passively transferred, we next examined whether hAQP4₂₈₁₋₃₀₀-specific T cells could cause disease via adoptive transfer. No disease phenotype was detected (**Fig 2B**). These results indicate that reactivation of hAQP4₂₈₁₋₃₀₀-specific or mAQP4₂₈₁₋₃₀₀-specific CD4⁺ Th₁ cells does not occur in the CNS of *HLA-DRB1**03:01 recipient mice.

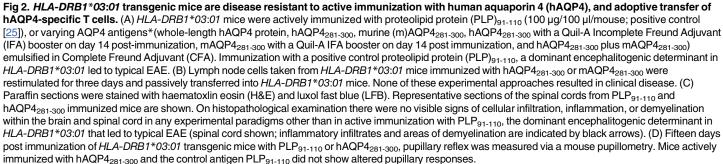
On histopathological examination there were no visible signs of cellular infiltration, inflammation, or demyelination within the brain and spinal cord in any experimental paradigms other than in active immunization with PLP_{91-110} , the dominant encephalitogenic determinant in *HLA-DRB1**03:01 that led to typical EAE (spinal cord shown in Fig 2C; inflammatory infiltrates and areas of demyelination are indicated by black arrows). The absence of any functional deficits was further corroborated through measuring of the pupillary reflex by murine pupillometry on day 15 post immunization (Fig 2D). Mice did not show altered pupillary responses, further substantiating our previous findings that no functional or structural damage had occurred within the optic nerve.

The outcomes of these experiments suggested that $mAQP4_{281-300}$ cannot be recognized in the context of *HLA-DRB1**03:01, or that $hAQP_{281-300}$ cannot be recognized by B.10 TCR.

Single Amino Acid difference leads to blocking of hAQP4-mediated T cell proliferation and differentiation

Within the immunogenic hAQP4₂₈₁₋₃₀₀, there is a single amino acid mutation at position 290 between the human peptide and the mouse analog: An aspartic acid (D) in the human peptide to glutamic acid (E) in the mouse (Fig 3A). Both are negatively charged acidic amino acids that





doi:10.1371/journal.pone.0152720.g002

contain a carboxylic acid at the end of their side-chains. The difference between the two amino acids is an additional methyl group in the side chain of glutamic acid.

In lymph node cells of HLA- $DRB1^*03:01$ mice immunized with hAQP4₂₈₁₋₃₀₀ there was a significant proliferation of both CD4⁺ T cells when 25 µg/ml of hAQP4₂₈₁₋₃₀₀ was used as the recall antigen (Fig 3B). A dose of 5 µg/ml hAQP4₂₈₁₋₃₀₀, or mAQP4₂₈₁₋₃₀₀ did not result in a





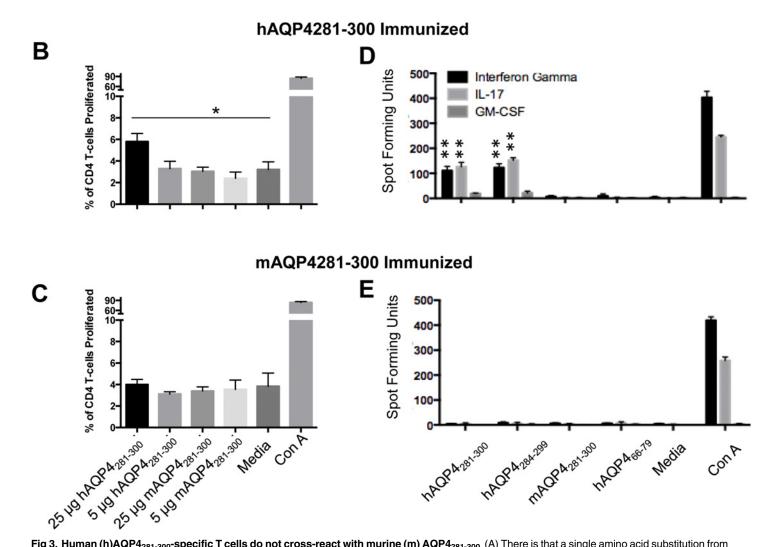


Fig 3. Human (h)AQP4₂₈₁₋₃₀₀-**specific T cells do not cross-react with murine (m) AQP4**₂₈₁₋₃₀₀. (A) There is that a single amino acid substitution from aspartic acid in hAQP4 to glutamic acid in murine (m)AQP4 at position 290. (B) In lymph node cells of *HLA-DRB1*03:01* mice immunized with hAQP4₂₈₁₋₃₀₀ there was a significant proliferation of CD4⁺ T cells when hAQP4₂₈₁₋₃₀₀ was used as the recall antigen (* = P-value = 0.01). Only a higher recall antigen dose of 25 µg/ml resulted in a significant increase in proliferation, whereas as a dose of 5 µg/ml did not. (C) There was no proliferative response to mAQP4₂₈₁₋₃₀₀ at either dose. (D) There is a significantly increased frequency of IFNγ and IL-17 producing lymph nodes cells from *HLA-DRB1*03:01* mice immunized with hAQP4₂₈₁₋₃₀₀ by ELISpot assay when hAQP4₂₈₁₋₃₀₀, and hAQP4₂₈₁₋₂₉₉ are used as recall antigens. However, we were unable to detect antigen specific IFNγ and IL-17 producing lymph nodes cells are call antigens (** = P-value < 0.01). (E) IFNγ and IL-17 producing lymph nodes cells from *HLA-DRB1*03:01* mice immunized with mAQP4₂₈₁₋₃₀₀ were undetectable with any of the recall antigens.

doi:10.1371/journal.pone.0152720.g003

significant proliferative response (Fig 3B). Lymph node cells of HLA- $DRB1^*03:01$ mice immunized with mAQP4₂₈₁₋₃₀₀ did also not proliferate in response to mAQP4₂₈₁₋₃₀₀, or hAQP4₂₈₁₋₃₀₀ at either dose (Fig 3C). An ELISpot assay revealed a significantly increased frequency of IFN γ and IL-17 producing lymph nodes cells from HLA- $DRB1^*03:01$ mice immunized with

Table 1. Human (h)AQP4284-299Alanine Scanning Peptides.The immunogenic region of $hAQP4_{281-300}$, $hAQP4_{284-299}$, was utilized to generate alanine scanning peptides at which each peptide sequence has a single alanine residue mutation.

Peptide	Amino Acid Sequence
Human 284–299	RSQVET D DLILKPGVV
Mouse 284–299	RSQVET E DLILKPGVV
R284A	ASQVETDDLILKPGVV
S285A	RAQVETDDLILKPGVV
Q286A	RS A VETDDLILKPGVV
V287A	RSQ A ETDDLILKPGVV
E288A	RSQVATDDLILKPGVV
T289A	RSQVE A DDLILKPGVV
D290A	RSQVET A DLILKPGVV
D291A	RSQVETD A LILKPGVV
L292A	RSQVETDD A ILKPGVV
I293A	RSQVETDDL A LKPGVV
L294A	RSQVETDDLI A KPGVV
K295A	RSQVETDDLIL A PGVV
P296A	RSQVETDDLILK A GVV
G297A	RSQVETDDLILKP A VV
V298A	RSQVETDDLILKPG A V
V299A	RSQVETDDLILKPGVA

doi:10.1371/journal.pone.0152720.t001

hAQP4₂₈₁₋₃₀₀ by ELISpot assay when hAQP4₂₈₁₋₃₀₀ and hAQP4₂₈₄₋₂₉₉ are used as recall antigens (**Fig 3D**). However, we were unable to detect antigen specific IFN γ and IL-17 producing lymph nodes cells when mAQP4₂₈₁₋₃₀₀, or the negative control hAQP4₆₆₋₇₉ were used as recall antigens. IFN γ and IL-17 producing lymph nodes cells from *HLA-DRB1**03:01 mice immunized with mAQP4₂₈₁₋₃₀₀ were undetectable with any of the recall antigens (**Fig 3E**).

Our observations suggest that the aspartic acid residue plays a critical role in either the presentation of hAQP4₂₈₁₋₃₀₀ in the context of *HLA-DRB1**03:01, or in the recognition of hAQP4₂₈₁₋₃₀₀ by the B.10 TCR.

hAQP4₂₈₁₋₃₀₀ and mAQP4₂₈₁₋₃₀₀ binds to the HLA-DRB1*03:01 MHC II molecule

With no detectable cellular immune response against mAQP4₂₈₁₋₃₀₀ in *HLA-DRB1**03:01, we next examined whether the single amino acid mutation affected the anchoring of the mouse peptide to the *HLA-DRB1**03:01 molecule. To identify critical residues of the AQP4 peptides, alanine-scanning peptides were generated that replaced each amino acid of mAQP4₂₈₁₋₃₀₀ with an alanine to aid in distinguishing anchor residues from contact residues (Table 1). Since we previously identified hAQP4₂₈₄₋₂₉₉ to be the immunogenic region within hAQP4₂₈₁₋₂₉₉ [21], the alanine scanning peptides assessed only these residues.

First, the ability of hAQP4₂₈₁₋₃₀₀-reactive lymph node cells to recognize the alanine screening peptides was determined by ELISpot (Fig 4A). Alanine screening peptides that not result in an increased frequency of IFN γ and IL-17 secreting lymph node cells were identified as the key residue peptides. Utilizing a flow-cytometry based MHC II binding assay, we were able to delineate between anchor residues and TCR contact residues. To perform the flow-cytometry based MHC II binding assay, peptides were biotinylated so that when presented in the context of *HLA-DRB1**03:01, a FITC-avidin would distinguish peptides that were capable of being

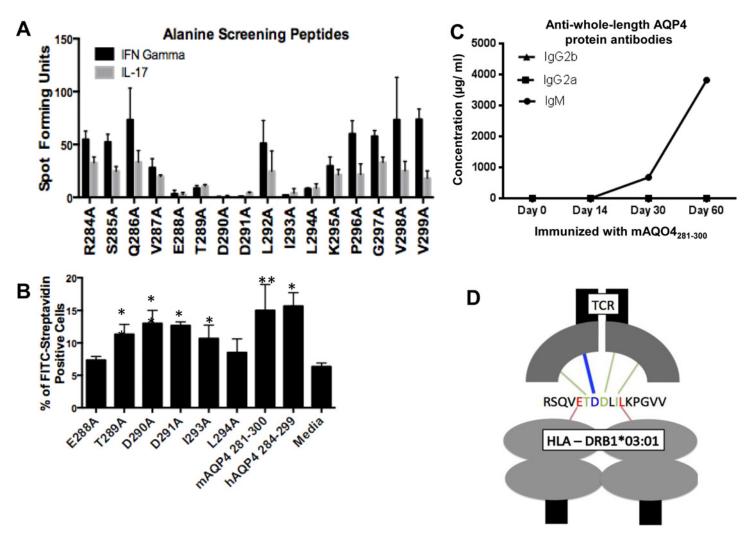


Fig 4. Identification of critical residues of human (h)AQP4₂₈₁₋₃₀₀ for presentation in the context of *HLA-DRB1*03:01* and recognition by the B.10 T cell receptor (TCR). (A) First, the ability of hAQP4₂₈₁₋₃₀₀-reactive lymph node cells to recognize the alanine screening peptides was determined by ELISpot. $5.0x10^5$ cells/well lymph node cells taken ten days post immunization of *HLA-DRB1*03:01* transgenic mice with hAQP4₂₈₁₋₃₀₀ were restimulated with hAQP4 alanine scanning peptides (25μ g/mL) for 48 hours in IFN γ and IL-17 ELISpot plates (* = P-value < 0.05 and ** = P-value < 0.01). (B) Alanine screening peptides that not result in an increased frequency of IFN γ and IL-17 secreting lymph node cells were identified as the key residue peptides, and were subsequently tested in a MHC binding assay. Splenocytes taken from *HLA-DRB1*03:01* transgenic mice were incubated for 12 hours in the presence of biotinylated hAQP4 alanine scanning peptides. Post incubation, cells were stained utilizing FITC-Avidin, and antigen positive cells were quantified by flow cytometry (* = P-value < 0.05 and ** = P-value < 0.01). (C) There was no Ig isotype class switch in mice immunized with mAQP4₂₈₄₋₂₉₉ with regard to antibody responses against whole-length AQP4 protein. (D) Critical *HLA-DRB1*03:01* anchor residues, and B.10 TCR contact amino acids are specified. E₂₈₈ and L₂₉₄ are required as *HLA-DRB1*03:01* anchor residues, while T₂₈₉, D₂₉₀, D₂₉₁, and I₂₉₃ are critical B.10 TCR interacting residues.

doi:10.1371/journal.pone.0152720.g004

presented from those that could not. In comparing the percent of FITC-avidin positive cells, amino acids 288E and 294L were identified as the main anchor residues that interact with the HLA- $DRB1^*03:01$ MHC II molecule (Fig 4B). The remaining residues, including the 290D residue that distinguishes mAQP4₂₈₁₋₃₀₀ and hAQP4₂₈₁₋₃₀₀, were not required for binding. As a negative control, alanine scanning peptides were tested in C57BL/6 mice to examine the critical residues for binding to the H-2b MHC II molecule. Despite hAQP4₂₈₁₋₃₀₀ being able to be presented on the H-2b MHC II molecule, the critical residues were not similar to the critical residues necessary for binding to the HLA- $DRB1^*03:01$ MHC II molecule. This observation may explain why we were unable to elicit cellular immune response against hAQP4₂₈₁₋₃₀₀ in C67BL/6 mice immunized with this peptide (data not shown).

These data indicate that the mAQP4₂₈₁₋₃₀₀ binds to the *HLA-DRB1**03:01 molecule via the same anchor residues and is thus able to be presented on the MHC II molecule in *HLA-DRB1**03:01 transgenic mice.

AQP4 residue 290 mediates recognition by the B.10 TCR

With mAQP4₂₈₁₋₃₀₀ being capable of being presented on the *HLA-DRB1**03:01 molecule, we next examined whether the single amino acid mutation inhibited the contact with the hAQP4₂₈₁₋₃₀₀ specific B.10 TCR. Utilizing the alanine-scanning peptides, it was possible to identify critical residues that are required for generating the cellular immune response against the peptide. In performing IFN γ and IL-17 ELISpot assays with lymph node cells restimulated with alanine screening peptides (Table 1), E288A, T289A, D290A, D291A, I293A, and L294A were identified as critical amino acids for either the binding of the peptide to *HLA-DRB1**03:01, or interacting the AQP4₂₈₁₋₃₀₀ specific T cell receptor (TCR). None of the other amino acids are required for either binding to *HLA-DRB1**03:01 molecule, or recognition by the B.10 TCR.

Subsequently, utilizing a MHC binding assay, only the previously identified peptides E288A, T289A, D290A, D291A, I293A, and L294A were screened for their ability to bind to *HLA-DRB1*03:01.* 288E and 294L were identified to be *HLA-DRB1*03:01* anchor residues, and the remaining residues play a critical role in the contact between the peptide and B.10 TCR (**Fig 4B**). These observations suggest that the D to E mutation between hAQP4 and mAQP4 peptides prevent the activation of hAQP4-specific T cells against mAQP4₂₈₁₋₃₀₀.

We did not observe Ig class switching in mice immunized with $mAQP4_{284-299}$ against whole-length AQP4 protein (Fig 4C), substantiating our observation that immunization with $mAQO4_{284-299}$ does not drive antigen-driven T cell activation and a T cell proliferative response.

Discussion

In this investigation, we show that immunization with the immunogenic, $hAQP4_{281-300}$ determinant in *HLA-DRB1**03:01 Tg mice, while leading to an expansion of antigen-specific CD4⁺ T cells, an Ig isotype switch of anti-hAQP4_{281-300} antibodies, and a robust Th₁ and Th₁₇ immune response, does not lead to a clinical disease phenotype via active immunization or passive transfer of hAQP4_{281-300}-specific CD4⁺ T cells. We also were unable to detect any evidence of electrophysiological anterior pathway pathology, or any evidence of CNS infiltration in our mouse model. It is conceivable that there may have been inflammatory infiltrates within the meninges of the brain and spinal cord. This was not assessed.

In summary, our data suggest that a single amino acid substitution between hAQP4 and mAQP4 is one possible reason why it will be challenging to establish an animal model of NMO in *HLA-DRB1**03:01 transgenic mice. For induction of CNS autoimmunity, recognition of the cognate antigen by the host immune system is an absolute requirement [24, 28]. Within the pathogenic AQP4₂₈₁₋₃₀₀, the glutamic acid (D) to aspartic acid (E) mutation results in the addition of a methyl group within the side chain of the AQP4₂₈₇ residue in the murine peptide. Despite being the same polarity, the hAQP4₂₈₁₋₃₀₀-specific TCR can differentiate between the human and the mouse peptides. This was corroborated with data showing that the AQP4₂₈₇ residue was important for contact with the B.10 TCR rather than being a MHC II anchor residue. Furthermore, antigen recall with mAQP4₂₈₁₋₃₀₀ in *HLA-DRB1**03:01 mice immunized with mAQP4₂₈₁₋₃₀₀ does not result in proliferation of CD4⁺ T cells. Likely, negative thymic selection for mAQP4₂₈₁₋₃₀₀ specific CD4⁺ T cells occurs in these mice, and prevents active disease induction.

T cell mediated disease models of NMO will be necessary to fully understand the complexity of this disorder. Induction of a CNS inflammatory autoimmune disorder by active immunization of *HLA-DRB1**03:01 TG mice with human hAQP4₂₈₁₋₃₀₀ will be complex due to a single amino acid substitution.

It is also possible that hAQP4₂₈₁₋₃₀₀, the dominant determinant of hAQP4 in HLA- $DRB1^*03:01$ in vitro, does not result in generation of encephalitogenic CD4⁺ T cells in vivo. This possibility has not conclusively been ruled-out.

The pathogenic role of T cells in this disorder remains critical despite these observations.

Methods

Mice

The *HLA-DRB1**03:01 transgenic mice was given to our laboratory by Dr. Chella David and was previously described in *Strauss et al* [30]. Briefly, transgenic mice were generated by coinjection of a HLADRoL genomic fragment and a *DRB1**030113 gene fragment into (C57BL/6 x DBA/2) F1 C57BL/6 embryos, and backcrossed to B10 mice [30]. Subsequently, the *DRB1**030113 gene was introduced into the class II-negative H2^{q-/-} strain (16) by mating the B10.M-DRBI*0301 line with the B10.MHCII ^{/-} line. C57BL/6 mice were purchased from (The Jackson Laboratories, Bar Harbor, MN). All mice were bred and maintained in a pathogen free mouse colony at the University of Texas Southwestern Medical Center (UTSW) with accordance to the guidelines set forth by the National Institute of Health and our institution. All experiments pertaining to these animals are approved by the UTSW Institutional Animal Care and Use Committee (IACUC).

Proteins and peptides

Whole-length AQP4 M1 protein was donated by Dr. William Harries of the Membrane Protein Expression Center & Center for Structures of Membrane Proteins Macromolecular Structure Group (UCSF, San Francisco, CA.

The twenty-amino acid-long synthetic hAQP4₂₈₁₋₃₀₀ (EDNRSQVETDDLILKPG VVH), mAQP4₂₈₁₋₃₀₀ (EDNRSQVETEDLILKPGVVH), the hAQP4₂₈₁₋₃₀₀ immunogenic region-alanine-screening peptides described in <u>Table 1</u>, and PLP₉₁₋₁₁₀ (YTTGAVRQIFGDYKTTICGK) were generated by JPT Innovative Peptide Solutions, Berlin Germany. Alanine scanning peptides utilized in the MHC binding assay were biotinylated utilizing an EZ link NHS-Peg4-Biotinylation kit (Thermo Scientific) following the manufacturer's specifications.

Animal model

To induce active EAE, 8–12 week old female *HLADRB1**03:01 transgenic mice were anesthetized with tribromoethanol (® Avertin; Sigma Aldrich, St. Louis, MO) 250 mg/kg intraperitoneally (i.p.), and subsequently immunized subcutaneously with proteolipid protein (PLP)₉₁₋₁₁₀ (100 µg/100 µl/mouse), hAQP4₂₈₁₋₃₀₀, mAQP4₂₈₁₋₃₀₀, or whole-length hAQP4 protein (200 µg in 100 µl) emulsified in an equal volume of Complete Freund Adjuvant (CFA) [<u>31</u>] containing 8 mg/mL H37Ra *M. Tuberculosis* (Difco, BD, Franklin Lakes, NJ)) in each flank. At the time of immunization and 48 hours later, mice received an i.p. injection of 200 ng pertussis toxin (Ptx) in 200 µL PBS.

For the induction of EAE by adoptive transfer, lymph nodes (LN) of $HLADRB1^*03:01$ transgenic mice immunized with hAQP4₂₈₁₋₃₀₀ were removed, and single-cell suspensions were prepared. LN cells were cultured in RPMI 1640, supplemented with 5 x 10⁻⁵ M

2-mercaptoethanol, 2 mM glutamine, 100 µg/ml penicillin, 100 µg/ml streptomycin, 10% fetal

calf serum (HyClone, Logan, UT), and stimulated with 25 μ gs/ml hAQP4₂₈₁₋₃₀₀ and 0.5 ng/ml IL 12 in a 24 well plate for 72 hours. 5x10⁶ cells per 200 μ ls phosphate-buffered saline (PBS) were washed with PBS, and naïve *HLADRB1**03:01 mice were subsequently inoculated. Two independent experiments were conducted with a minimum of 3 mice per group for each treatment paradigm.

For all experiments, individual animals were observed daily based on the EAE clinical scoring system as follows: 0 = no clinical disease, 1 = loss of tail tone, 2 = mild paraparesis, 3 = paraplegia, 4 = hindlimb and forelimb paralysis, 5 = moribund or death. Observation of all experimental animals occurred at least twice daily, with documentation of the clinical score. The following interventions are cumulative: Once a mouse reached clinical score 2, moist chow was provided daily. At score 3, animal weights were recorded daily, and animals were euthanized if the weight loss was greater than 20% from baseline. When mice scored 4, the urinary bladder was palpate and manually expressed as needed, and affected animals were no longer housed with cagemates of a lower score. Furthermore, suitable nesting material was always be provided. Affected mice had to be euthanized if there is no improvement after 72 hours at score of 4. Animals were euthanized immediately upon observation of a score of 5, regardless of time to development. Euthanasia was performed by carbon dioxide narcosis. Cervical dislocation was always used as a secondary physical method. Death was confirmed by observing for lack of breathing, loss of heartbeat, glazed appearance to the eyes, and loss of limb movement.

Histology

Following fixation in 10% buffered formalin, coronal sections of brain tissue, axial sections of spinal cord, and longitudinally-oriented optic nerves were processed and embedded in paraffin blocks. 4 µm sections were cut, mounted on Fisher Brand Superfrost Plus glass slides (Fisher Scientific, Pittsburgh, PA), and stained with hematoxylin & eosin (Fisher Scientific).

For the Luxol Fast Blue stained-sections, 6 µm thick sections of paraffin-embedded tissue were cut on a rotary microtome and mounted on Fisher Brand Superfrost Plus glass slides (Fisher Scientific). The sections were deparaffinized and hydrated. Following heating of the sections in 0.1% Luxol Fast Blue (Sigma-Aldrich, St. Louis, MO) at 60°C for at least one hour, excess stain was rinsed off. They were then differentiated in 70% alcohol for 25 seconds and rinsed in distilled water. Next, the sections were evaluated under the microscopy and depending on the adequacy of differentiation they were subjected to an additional round of lithium carbonate, and an alcohol rinse.

Pupillometry

The pupillary reflex of experimental mice were measured using the pupillometry system by Neuroptics Inc. (San Clemente, CA) previously described in *Husain et al* [32]. Briefly, infrared cameras capture digital images of mouse pupils in darkness at a baseline level after sedation. After the baseline pupil size is determined, an intensity-calibrated light source emits a stimulus into one or both of the eyes and a custom program measures the pupil diameter designed to analyze pupil size, onset latency, constriction velocity, and response amplitude. The light stimulus consists of a flash of light at 2, 32, or 125 μ Ws.

T cell proliferation assay

Ten days post immunization of hAQP4₂₈₁₋₃₀₀ or mAQP4₂₈₁₋₃₀₀ of *HLADRB1*03:01* transgenic mice not given Ptx, single cell suspensions were generated by isolating the LNs of the immunized mice. Utilizing the CellTrace Violet Proliferation kit[®] (Thermo Fisher Scientific, Waltam, MA), CD4⁺ T cell proliferation against antigens was determined. Briefly, isolated 20x10⁶

LN cells were incubated at 37°C for twenty minutes with 5 μ M CellTrace Violet in PBS. After incubation, cells were washed with RPMI media twice, then incubated in a 96-well-round bottom plate at 1x10⁶ cells per well with either against hAQP4₂₈₁₋₃₀₀ (5 μ g/ml, and 25 μ g/mL), mAQP4₂₈₁₋₃₀₀ (5 μ g/ml, and 25 μ g/mL), media, or ConA (1 μ g/mL) then incubated for 96 hours. Post incubation, cells were washed with staining FACS buffer (4% Fetal Calf Serum (FCS) in PBS) two times, then the Fc receptors were blocked with anti-CD16/32 (BD Biosciences, Franklin Lakes, NJ) for 15 minutes at 4°C before staining with mAbs for 30 minutes at 4°C. Cells were stained utilizing the following monoclonal antibodies: CD3-PE-C7 (EBiosciences Cat.#25-0031-82, San Diego, CA), CD4-APC (BD Biosciences Cat#553051), FOXp3-PE (BioLegend Cat#320019, San Diego, CA). A total of 50,000 cells per sample were collected. Data were acquired with a FACS-LSRII (BD Biosciences), and analyzed using FlowJo software (Tree Star, Ashland, OR).

Tetramer analysis

The frequency of antigen specific CD4⁺ T-cells was assessed using a tetramer binding assay protocol provided by the Benaroya Research institute [33]. Briefly, lymph nodes were harvested, and a single cell suspension was generated. Cells were resuspended in media, and *HLADRB1**03:01 tetramers loaded with hAQP4₂₈₄₋₂₉₈, or empty *HLADRB1**03:01 tetramer (Benaroya Research Institute, Seattle, WA) were added, and incubated for 90 minutes at 37°C and 5%CO₂. Cells were then washed with FACS buffer and blocked with anti-CD16/CD32, and stained following the protocol for cell surface staining described above with anti-CD3 APC (17A2, Tonbo Biosciences, San Diego, CA) and anti-CD4-Pacific Blue (RM4-5, BD-Biosciences). Data was acquired with a FACS Canto RUO II Special Order (BD Biosciences), and data was analyzed using FlowJo software (Tree Star).

Enzyme-linked immunosorbent spot assay

The frequency of IFN γ , IL-17, and GM-CSF secreting CD4⁺ T cells were determined by ELI-Spot assay. Groups of three male *HLA-DRB1**03:01 mice were inoculated in the inguinal and axillary regions with 100 µgs of hAQP4₂₈₁₋₃₀₀ as described above without the addition of Ptx. On day 10, lymph nodes and spleens were collected to generate single cell suspensions. Next, cells (2.5–5.0x10⁵ cells/well) were incubated with a hAQP4₂₈₁₋₃₀₀ (25 µgs/mL), mAQP4₂₈₁₋₃₀₀ (25 µgs/mL), hAQP4₂₈₄₋₂₉₉ (25 µgs/mL), hAQP4₆₆₋₇₉ (25 µgs/mL), a single hAQP4 alanine peptide (25 µgs/mL), media only, or ConA (1µg/mL) for 48 hours in 96 well ELISpot plates (Millipore MultiScreen 96-Well Plates). Capture and detection of cytokines were accomplished by using monoclonal antibodies (eBiosciences) specific for mouse IFN γ (Clone AN-18 [capture] and R4-6A2 [detection]), IL-17(Clone eBio17CK15A5 [capture] and eBio17B7 [detection]), or GM-CSF (Clone MP1-22E9 [capture] and MP1-2231G6 [detection]). Spots were counted with an automated ELISpot plate reader (Bioreader 5000, Biosys, Karben/Germany).

MHC binding assay

This assay was adapted from a protocol found in *Busch et al* [34]. Briefly, spleens isolated from naïve *HLADRB1**03:01 transgenic mice were used to generate single cell suspensions. Then, $1x10^6$ splenocytes were incubated with either biotinylated hAQP4₂₈₁₋₃₀₀, mAQP4₂₈₁₋₃₀₀, or hAQP4₂₈₄₋₂₉₉ alanine screening peptides at a concentration of 10μ /mL for 4 hours at 37°C in a 96-well plate. Post incubation, cells were washed two times with FACS buffer and stained for flow cytometry utilizing avdin-FITC (Biolegend) applying the previously described protocol. After staining cells with avidin-FITC, they were run through a Accuri C6 (BD) flow cytometer, or a BD FACSCalibur, and Flowjo was utilized to quantify the percentage of FITC positive

cells. A potential delta between the control peptides (hAQP4₂₈₄₋₂₉₉, and mAQP4₂₈₁₋₃₀₀), and the alanine screening peptides is considered to be the result of the alanine substitutions.

Statistical Analysis

For parametric tests, data were checked for normality by using the Kolmogorov–Smirnov test. Normally distributed values were compared using the unpaired two-sided Student *t*-test. Correlations between continuous and categorical variables were assessed using the Mann-Whitney U-test. All experiments were repeated at least twice. All statistical tests were 2-sided and p < 0.05 indicated significance. All analyses were performed with Prism 5 (Graphpad, La Jolla, CA, USA).

Acknowledgments

The authors want to thank Cyd Castro-Rojas B.Sc. and Krystin Deason B.Sc., M.Sc. for providing technical advice on

Author Contributions

Conceived and designed the experiments: BA RH WM EH DL TE RL SV BG OS. Performed the experiments: BA RH WM EH DL TE RL OS. Analyzed the data: BA RH WM EH DL DH SV BG OS. Contributed reagents/materials/analysis tools: TE SV OS. Wrote the paper: BA RH WM EH DL TE RL DH SV BG OS.

References

- 1. Wingerchuk DM, Lennon VA, Pittock SJ, Lucchinetti CF, Weinshenker BG. Revised diagnostic criteria for neuromyelitis optica. Neurology. 2006; 66(10):1485–9. PMID: <u>16717206</u>
- Morrow MJ, Wingerchuk D. Neuromyelitis optica. J Neuroophthalmol. 2012; 32(2):154–66. Epub 2012/ 05/24. doi: <u>10.1097/WNO.0b013e31825662f1</u> 00041327-201206000-00014 [pii]. PMID: <u>22617743</u>.
- Lennon VA, Wingerchuk DM, Kryzer TJ, Pittock SJ, Lucchinetti CF, Fujihara K, et al. A serum autoantibody marker of neuromyelitis optica: distinction from multiple sclerosis. Lancet. 2004; 364(9451):2106– 12. PMID: <u>15589308</u>
- Lennon VA, Kryzer TJ, Pittock SJ, Verkman AS, Hinson SR. IgG marker of optic-spinal multiple sclerosis binds to the aquaporin-4 water channel. J Exp Med. 2005; 202(4):473–7. Epub 2005/08/10. doi: jem.20050304 [pii] doi: <u>10.1084/jem.20050304</u> PMID: <u>16087714</u>; PubMed Central PMCID: PMC2212860.
- Varrin-Doyer M, Spencer CM, Schulze-Topphoff U, Nelson PA, Stroud RM, Cree BA, et al. Aquaporin 4-specific T cells in neuromyelitis optica exhibit a Th17 bias and recognize Clostridium ABC transporter. Ann Neurol. 2012; 72(1):53–64. Epub 2012/07/19. doi: <u>10.1002/ana.23651</u> PMID: <u>22807325</u>; PubMed Central PMCID: PMC3405197.
- Matsuya N, Komori M, Nomura K, Nakane S, Fukudome T, Goto H, et al. Increased T-cell immunity against aquaporin-4 and proteolipid protein in neuromyelitis optica. Int Immunol. 2011; 23(9):565–73. Epub 2011/07/29. doi: dxr056 [pii] doi: <u>10.1093/intimm/dxr056</u> PMID: <u>21795759</u>.
- Brum DG, Barreira AA, dos Santos AC, Kaimen-Maciel DR, Matiello M, Costa RM, et al. HLA-DRB association in neuromyelitis optica is different from that observed in multiple sclerosis. Mult Scler. 2010; 16(1):21–9. Epub 2009/12/10. doi: 1352458509350741 [pii] doi: <u>10.1177/1352458509350741</u> PMID: <u>19995845</u>.
- Zephir H, Fajardy I, Outteryck O, Blanc F, Roger N, Fleury M, et al. Is neuromyelitis optica associated with human leukocyte antigen? Mult Scler. 2009; 15(5):571–9. Epub 2009/03/21. doi: 1352458508102085 [pii] doi: 10.1177/1352458508102085 PMID: 19299434.
- Recommendation of the Immunization Practices Advisory Committee (ACIP). Supplementary statement on rabies vaccine and serologic testing. MMWR MorbMortalWklyRep. 1981; 30(42):535–6.
- Geluk A, Fu XT, van Meijgaarden KE, Jansen YY, De Vries RR, Karr RW, et al. T cell receptor and peptide-contacting residues in the HLA-DR17(3) beta 1 chain. Eur J Immunol. 1994; 24(12):3241–4. Epub 1994/12/01. doi: <u>10.1002/eji.1830241251</u> PMID: <u>7805754</u>.

- Cocks BG, de Waal Malefyt R, Galizzi JP, de Vries JE, Aversa G. IL-13 induces proliferation and differentiation of human B cells activated by the CD40 ligand. Int Immunol. 1993; 5(6):657–63. Epub 1993/06/01. PMID: <u>7688562</u>.
- Shapira SK, Jabara HH, Thienes CP, Ahern DJ, Vercelli D, Gould HJ, et al. Deletional switch recombination occurs in interleukin-4-induced isotype switching to IgE expression by human B cells. Proc Natl Acad Sci U S A. 1991; 88(17):7528–32. Epub 1991/09/01. PMID: <u>1881893</u>; PubMed Central PMCID: PMC52334.
- Lucchinetti CF, Mandler RN, McGavern D, Bruck W, Gleich G, Ransohoff RM, et al. A role for humoral mechanisms in the pathogenesis of Devic's neuromyelitis optica. Brain. 2002; 125(Pt 7):1450–61. PMID: 12076996
- Jacob A, Weinshenker BG, Violich I, McLinskey N, Krupp L, Fox RJ, et al. Treatment of neuromyelitis optica with rituximab: retrospective analysis of 25 patients. Arch Neurol. 2008; 65(11):1443–8. Epub 2008/09/10. doi: 65.11.noc80069 [pii] doi: 10.1001/archneur.65.11.noc80069 PMID: 18779415.
- Pellkofer HL, Krumbholz M, Berthele A, Hemmer B, Gerdes LA, Havla J, et al. Long-term follow-up of patients with neuromyelitis optica after repeated therapy with rituximab. Neurology. 2011; 76(15):1310– 5. doi: 10.1212/WNL.0b013e3182152881 PMID: 21482945
- 16. Kim SH, Kim W, Li XF, Jung IJ, Kim HJ. Repeated treatment with rituximab based on the assessment of peripheral circulating memory B cells in patients with relapsing neuromyelitis optica over 2 years. Arch Neurol. 2011; 68(11):1412–20. Epub 2011/07/13. doi: archneurol.2011.154 [pii] doi: <u>10.1001/archneurol.2011.154</u> PMID: <u>21747007</u>.
- Jones MV, Huang H, Calabresi PA, Levy M. Pathogenic aquaporin-4 reactive T cells are sufficient to induce mouse model of neuromyelitis optica. Acta neuropathologica communications. 2015; 3:28. doi: <u>10.1186/s40478-015-0207-1</u> PMID: <u>25990016</u>; PubMed Central PMCID: PMCPMC4438510.
- Zeka B, Hastermann M, Hochmeister S, Kogl N, Kaufmann N, Schanda K, et al. Highly encephalitogenic aquaporin 4-specific T cells and NMO-IgG jointly orchestrate lesion location and tissue damage in the CNS. Acta neuropathologica. 2015; 130(6):783–98. doi: <u>10.1007/s00401-015-1501-5</u> PMID: <u>26530185</u>; PubMed Central PMCID: PMCPMC4654751.
- Kalluri SR, Rothhammer V, Staszewski O, Srivastava R, Petermann F, Prinz M, et al. Functional characterization of aquaporin-4 specific T cells: towards a model for neuromyelitis optica. PLoS One. 2011; 6(1):e16083. Epub 2011/01/26. doi: <u>10.1371/journal.pone.0016083</u> PMID: <u>21264240</u>; PubMed Central PMCID: PMC3021520.
- Nelson PA, Khodadoust M, Prodhomme T, Spencer C, Patarroyo JC, Varrin-Doyer M, et al. Immunodominant T cell determinants of aquaporin-4, the autoantigen associated with neuromyelitis optica. PLoS One. 2010; 5(11):e15050. Epub 2010/12/15. doi: <u>10.1371/journal.pone.0015050</u> PMID: <u>21151500</u>; PubMed Central PMCID: PMC2994828.
- Arellano B, Hussain R, Zacharias T, Yoon J, David C, Zein S, et al. Human aquaporin 4281–300 is the immunodominant linear determinant in the context of HLA-DRB1*03:01: relevance for diagnosing and monitoring patients with neuromyelitis optica. Archives of neurology. 2012; 69(9):1125–31. doi: <u>10.</u> <u>1001/archneurol.2012.1300</u> PMID: <u>22751865</u>.
- Zamvil SS, Steinman L. The T lymphocyte in experimental allergic encephalomyelitis. AnnuRevImmunol. 1990; 8:579–621.
- Hohler T, Gerken G, Notghi A, Knolle P, Lubjuhn R, Taheri H, et al. MHC class II genes influence the susceptibility to chronic active hepatitis C. Journal of hepatology. 1997; 27(2):259–64. Epub 1997/08/ 01. PMID: <u>9288598</u>.
- Stromnes IM, Goverman JM. Active induction of experimental allergic encephalomyelitis. Nat Protoc. 2006; 1(4):1810–9. Epub 2007/05/10. doi: nprot.2006.285 [pii] doi: <u>10.1038/nprot.2006.285</u> PMID: <u>17487163</u>.
- Mangalam AK, Khare M, Krco C, Rodriguez M, David C. Identification of T cell epitopes on human proteolipid protein and induction of experimental autoimmune encephalomyelitis in HLA class II-transgenic mice. EurJImmunol. 2004; 34(1):280–90.
- Shenoy M, Goluszko E, Christadoss P. The pathogenic role of acetylcholine receptor alpha chain epitope within alpha 146–162 in the development of experimental autoimmune myasthenia gravis in C57BL6 mice. Clin Immunol Immunopathol. 1994; 73(3):338–43. Epub 1994/12/01. doi: S0090122984712074 [pii]. PMID: <u>7955562</u>.
- Robert S. Griffin1, Michael Costigan 1, *, Gary J. Brenner 1, Chi Him Eddie Ma 1, Joachim Scholz 1, Andrew Moss 1, Andrew J. Allchorne 1, Gregory L. Stahl 2, and Clifford J. Woolf 1. Complement induction in spinal cord microglia results in anaphylatoxin C5a-mediated pain hypersensitivity. Journal of Neuroscience. 2007; 27(32):8699–708. PMID: <u>17687047</u>

- Slavin AJ, Soos JM, Stuve O, Patarroyo JC, Weiner HL, Fontana A, et al. Requirement for endocytic antigen processing and influence of invariant chain and H-2M deficiencies in CNS autoimmunity. JClinInvest. 2001; 108(8):1133–9.
- 29. Cravens PD, Hussain RZ, Zacharias TE, Ben LH, Hernden E, Vinnakota R, et al. Lymph node-derived donor encephalitogenic CD4+ T cells in C57BL/6 mice adoptive transfer experimental autoimmune encephalomyelitis highly express GM-CSF and T-bet. JNeuroinflammation. 2011; 8(1):73.
- Strauss G, Vignali DA, Schonrich G, Hammerling GJ. Negative and positive selection by HLA-DR3 (DRw17) molecules in transgenic mice. Immunogenetics. 1994; 40(2):104–8. Epub 1994/01/01. PMID: 8026858.
- Filippi M, Dousset V, McFarland HF, Miller DH, Grossman RI. Role of magnetic resonance imaging in the diagnosis and monitoring of multiple sclerosis: consensus report of the White Matter Study Group. J Magn Reson Imaging. 2002; 15(5):499–504. Epub 2002/05/09. doi: <u>10.1002/jmri.10097</u> PMID: <u>11997889</u>.
- Hussain RZ, Hopkins SC, Frohman EM, Eagar TN, Cravens PC, Greenberg BM, et al. Direct and consensual murine pupillary reflex metrics: establishing normative values. AutonNeurosci. 2009; 151 (2):164–7.
- Novak EJ, Liu AW, Nepom GT, Kwok WW. MHC class II tetramers identify peptide-specific human CD4 (+) T cells proliferating in response to influenza A antigen. JClinInvest. 1999; 104(12):R63–R7.
- Busch R, Rothbard JB. Detection of peptide-MHC class II complexes on the surface of intact cells. J Immunol Methods. 1990; 134(1):1–22. Epub 1990/11/06. doi: 0022-1759(90)90107-7 [pii]. PMID: 2230144.