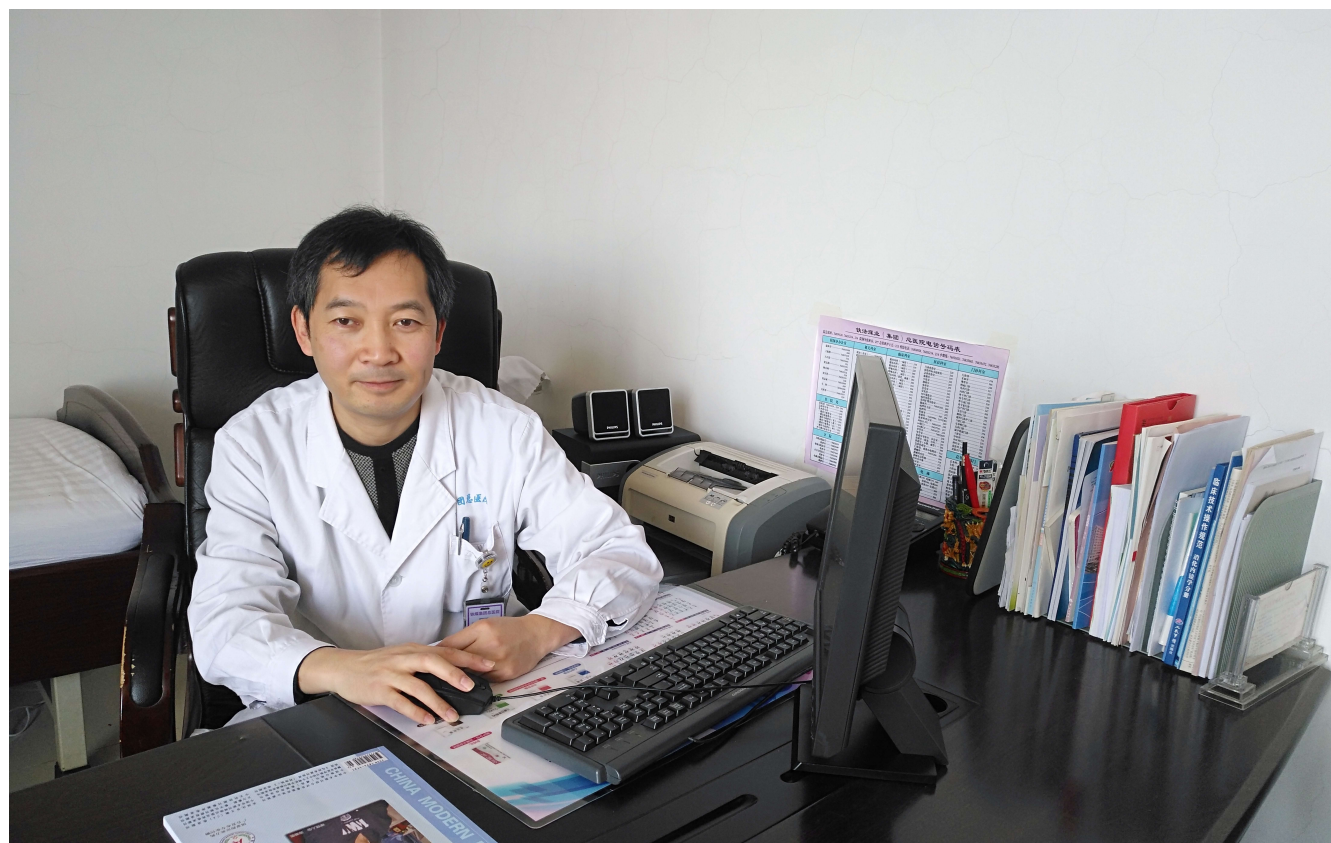


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主编

程英升, 教授, 200233, 上海市, 上海交通大学附属第六人民医院放射科

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制作

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COVER

Editorial Board Member of *World Chinese Journal of Digestology*, Zhen-Dong Shi, Associate Chief Physician, Associate Professor, Department of Geriatrics, Tiefert Coal Group General Hospital, Zhenxing Road No. 3, Tieling 112700, Liaoning Province, China

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World Chinese Journal of Digestology

Baishideng Publishing Group Inc

7901 Stoneridge Drive, Suite 501, Pleasanton, CA 94588, USA

Fax: +1-925-223-8242

Telephone: +1-925-223-8243

E-mail: wjcd@wjgnet.com

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PUBLISHER

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PRODUCTION CENTER

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调控BCL-6信号干预Tfh细胞分化: 治疗炎症性肠病新策略

刘端勇, 刘雪珂, 鹿秀云, 陈芳, 赵海梅

刘端勇, 鹿秀云, 江西中医药大学科技学院 江西省南昌市 330004

刘端勇, 江西省中药药理学重点实验室 江西省南昌市 330004

刘雪珂, 陈芳, 江西中医药大学2017级研究生 江西省南昌市 330004

赵海梅, 江西中医药大学生命科学院 江西省南昌市 330004

刘端勇, 教授, 博士生导师, 研究方向为中药免疫药理.

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通讯作者: 赵海梅, 副教授, 330004, 江西省南昌市梅岭大道1688号, 江西中医药大学生命科学院. haimei79@163.com
电话: 0791-79118923

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Regulating BCL-6 signaling pathway to control Tfh cell differentiation: A new strategy for treatment of inflammatory bowel disease

Duan-Yong Liu, Xue-Ke Liu, Xiu-Yun Lu, Fang Chen, Hai-Mei Zhao

Duan-Yong Liu, Xiu-Yun Lu, Science and Technology College, Jiangxi University of Traditional Chinese Medicine, Nanchang 330004, Jiangxi Province, China

Duan-Yong Liu, Key Laboratory of Pharmacology of Traditional Chinese Medicine, Nanchang 330004, Jiangxi Province, China

Xue-Ke Liu, Fang Chen, Jiangxi University of Traditional Chinese Medicine, Nanchang 330004, Jiangxi Province, China

Hai-Mei Zhao, School of Life Sciences, Jiangxi University of Traditional Chinese Medicine, Nanchang 330004, Jiangxi Province, China

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Correspondence to: Hai-Mei Zhao, Associate Professor, School of Life Sciences, Jiangxi University of Traditional Chinese Medicine, 1688 Meiling Road, Nanchang 330004, Jiangxi Province, China. haimei79@163.com

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Abstract

Since the discovery of follicular helper T (Tfh) cells, there has been a great deal of evidence that this cell type is involved in the pathogenesis of inflammatory bowel disease. Different cytokines secreted by different subtypes of Tfh cells play an important role in the pathogenesis of inflammatory bowel disease, and thus provide an important approach for the targeted treatment of this disease. As a key transcription factor in Tfh cell differentiation, BCL-6 signaling can regulate the proliferation and differentiation of Tfh cells. In the absence of BCL-6 signaling, Tfh cells cannot be produced. BCL-6 signaling can also effectively regulate Tfh cell differentiation through positive regulation, negative regulation, and epigenetics. Abnormal regulation of BCL-6 signaling can induce abnormal differentiation of Tfh and lead to the occurrence of inflammatory bowel disease. Therefore, Tfh cell differentiation can be regulated by intervention of BCL-6 signaling, which may be used as a new strategy for the treatment of inflammatory bowel disease.

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Key Words: BCL-6 signaling; Tfh cells; Inflammatory bowel disease; Differentiation; Regulation

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摘要

自滤泡辅助性T细胞(follicular helper T cells, Tfh细胞)发现以来, 大量证据表明与炎症性肠病的发病有关。Tfh细胞及其亚群分泌不同细胞因子皆可在炎症性肠病的发病过程中扮演重要角色, 为靶向治疗炎症性肠病提供重要思路。BCL-6信号作为Tfh细胞分化途径上的关键性转录因子, 可调控Tfh细胞的增殖、分化。在BCL-6信号缺乏时无法产生Tfh细胞, 且BCL-6信号也可通过正性调控、负性调控以及表观遗传学等多种途径有效调控Tfh细胞的分化。在BCL-6信号调控异常时可导致Tfh的分化异常导致炎症性肠病的发生。因此可以通过干预BCL-6信号来调控Tfh细胞分化来作为治疗炎症性肠病新的有效靶点。

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关键词: BCL-6信号; Tfh细胞; 炎症性肠病; 分化; 调控

核心提要: 炎症性肠病(inflammatory bowel disease, IBD)是慢性非特异性肠道炎症, 免疫状态紊乱是其公认的发病机制之一。BCL-6信号多种途径参与滤泡辅助性T细胞的分化, 并与之一道参与IBD的发病过程, 为IBD的治疗提供了新的思路。

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0 引言

自从2000年Schaerli等^[1]和Breitfeld等^[2]发现滤泡辅助性T细胞(follicular helper T cells, Tfh细胞)以来, 越来越多的证据表明, Tfh或其效应分子的异常是导致包括炎症性肠病(inflammatory bowel disease, IBD)在内的自身免疫性疾病发病的重要因素。近年来Tfh细胞表面标志、分化、功能与IBD的密切关系已经成为研究的热点。

1 Tfh细胞简介

Tfh细胞是一组能够辅助B细胞产生抗体反应的新型

CD4⁺T细胞亚群, 其主要功能是参与和维持生发中心的形成、为B细胞分泌抗体、抗体的类别转换以及体液细胞高频突变过程中提供活化信号^[3,4]。这群高度表达趋化因子受体CXCR5的细胞, 在发育过程逐渐迁移至外周淋巴组织滤泡, 进而促进B细胞分化并诱导其成为浆细胞, 因此Tfh细胞功能、水平关乎正常B细胞分化、成熟和体液反应水平。Tfh细胞水平低下或缺陷则导致体液免疫缺陷, 而亢奋则介导抗体自身产生并诱导自身免疫性疾病, 同时鉴于Tfh细胞在维持和参与生发中心形成中的重要作用, 而这正是许多自身免疫性疾病非淋巴组织中异位生发中心形成的重要原因之一, 提示Tfh细胞积极主动地参与了自身免疫性疾病的发病过程。

2 Tfh细胞分化不同阶段和主要分型

Tfh细胞的来源尚有争议, 但一般认为机体内存在Tfh前体细胞, 其主要分化过程可以分成起始阶段、命运决定阶段和极化阶段等三个阶段^[5]。在起始阶段, 研究表明高表达水平的TCR可以导致T细胞DCs间效应持续的相互作用, 而高水平TCR更容易促使CD4⁺T细胞分化成Tfh细胞^[6], 因此这个过程是由DCs开始执行的。在命运决定阶段, Tfh前体细胞定位在T-B细胞交界处并大量表达CXCR5, 接触并依赖B细胞, 并在诱导T细胞共刺激分子(inducible T cell co-stimulator, ICOS)/PI3K信号活化的刺激下, 促进Tfh细胞形成。极化阶段, CXCR5的趋化Tfh细胞在B细胞滤泡区聚集, 同时在IL-21、IL-2等细胞因子和BCL-6/ Blimp-1的参与下, Tfh细胞朝着Tfh1, Tfh2, Tfh10, Tfh17, Tfh21, Tfr等六大类细胞发生功能性分化, 并产生或表达IFN- γ , IL-4, IL-10, IL-17, IL-21, FOXP3等, 导致免疫状态紊乱和炎性损伤。缺乏上述刺激因素时, Tfh细胞则分化成高表达CXCR5和PD1的GC Tfh细胞, 也可表达CXCR5和GL7(鼠中)或者ICOS^[7-9]。

3 Tfh细胞与IBD发病

尽管Tfh参与自身免疫性疾病的发病机制仅在近十几年兴起, 许多研究表明, 在IBD、类风湿性关节炎、系统性红斑性狼疮等自身免疫性疾病中, Tfh细胞水平升高且其生物标记物如CXCR5、ICOS、BCL-6、PD-1及CD40L等也高度表达, 同时这些因素与疾病的种类、自身抗体及靶器官损伤的严重程度相关等因素呈正相关^[10-12]。在炎症性肠病的临床研究中发现, 78名克罗恩病患者外周血中Tfh细胞(circulating Tfh, CTfh)水平为9.8%, 明显高于正常对照组的5.1%, 且CTfh-Th1、CTfh-Th17两个亚群明显上调, 同时在克罗恩氏病伴结肠癌患者CTfh细胞水平明显1.59倍高于单纯性克罗恩氏病, 提示Tfh细胞和炎症性肠病的发病密切相关^[13]。

同时Tfh细胞朝Tfh1, Tfh2, Tfh10, Tfh17, Tfh21, Tfr等方向分化发生紊乱后, 最终导致Th细胞极化, Th分化异常或失衡, 诱导异常免疫应答, 介导炎症损伤. 尽管IBD发病机制并不清楚, 但肠道黏膜免疫功能紊乱、肠道环境改变、遗传等因素相互影响在该病发生发展过程发挥重要作用亦为世人所公认. 炎症性肠病是一种自身免疫性疾病, 是多种因素共同作用下导致机体免疫状态发生紊乱, 如UC发病早期可能是Th1反应增强, 而晚期以Th2反应占优势, 同时UC患者的外周血中Th17细胞的表达较正常人明显增高, 高表达Foxp3的CD4⁺CD25⁺T细胞在患病结肠明显增多. IL-4, IL-10等抑炎因子水平低下导致抑制炎症反应作用降低, 使促炎细胞因子分泌表达增加, 产生恶性循环, 导致UC迁延难愈. 故而可见Tfh细胞分化成不同细胞在溃疡性结肠炎发病过程中发挥关键性作用^[14]. 由此可见, Tfh细胞在炎症性肠病发病过程中扮演了重要角色. 尽管目前尚未发现有明确针对Tfh细胞的有效治疗炎症性肠病策略, 但Tfh细胞及其亚群在炎症性肠病异常是明确, 因此通过调控关乎Tfh细胞发育和分化水平的关键信号通路影响其细胞水平和分化程度, 能够为炎症性肠病的靶向治疗开辟新的途径.

Tfh细胞是一种专门为B细胞提供帮助的独立CD4 T细胞亚群, 其分化依赖主要调控因子BCL-6(B cell lymphoma 6)的表达, 并具有显著特征^[15].

4 BCL-6信号调控Tfh细胞分化

作为Tfh细胞分化的关键转录因子, BCL-6可促进Tfh细胞增殖、分化, 而转录因子Blimp-1(B lymphocyte induced maturation protein 1, Blimp-1), 即Blimp-1可抑制Tfh细胞分化, 二者相互抑制, 诱导和刺激细胞因子如IL-21, 趋化因子CXCR5, 共刺激分子ICOS等活化, 并建立Tfh细胞分化平衡, 在Tfh细胞发育和生发中心形成与功能维护过程中发挥了关键性作用^[16-19].

4.1 BCL-6信号缺乏不能产生Tfh细胞 研究表明, BCL-6表达过度可诱导Tfh细胞发育, 同时降低Th1、Th2、Th17细胞水平; BCL-6表达不足时则导致Tfh细胞比例下降, 而其他Th细胞水平反而增加; 当BCL-6缺乏, Tfh细胞和生发中心不能形成、发育、分化和维持, 提示BCL-6信号在Tfh细胞发育和分化过程中是必不可少, 且其水平高低直接关乎Tfh细胞有无和质量^[20,21].

4.2 正性干预BCL-6信号调控Tfh细胞分化 正性干预BCL-6信号调控Tfh细胞分化, 主要途径包括了如下几个方面, 第一, IL-6/IL-6R途径, 其通过信号传导与转录激活因子1(Signal transducers and activators of transcription 1, STAT1)和STAT3介导诱导BCL-6的表

达^[20]. 第二, ICOS/ICOSL途径, ICOS-ICOSL共刺激所产生的信号促进BCL-6的高表达活化, 并显著增加IL-21表达, 促进了Tfh细胞的分化和生发中心的形成^[21]. 第三, IL-21途径, IL-21不仅可以在不受TGF- β 限制的情况下促进BCL-6和CXCR5的表达, 也可IL-12的刺激下, 分泌高水平IL-21, 进而上调BCL-6表达促进Tfh细胞分化^[22-25]. 第四, 其他途径. 高水平的TGF- β 和IL-23也可快速诱导BCL-6、CXCR5和IL-21高度表达, 进而促进Tfh分化^[26]. 此外, Tfr细胞是来源Tfh细胞的重要亚群, 具有免疫抑制功能, 外周部分Foxp3⁺nTreg细胞可高度表达BCL-6, 活化BCL-6-CXCR5信号反应轴, 促使Tfh细胞获得CXCR5表型并逐渐分化成Tfr细胞, 实现Tfh分化成Tfr的全过程^[27,28].

4.3 负性干预BCL-6信号调控Tfh细胞分化 通过BCL-6信号负性调控Tfh细胞分化的途径是多方面的, 既有细胞因子、Blimp-1, 又有RNA相关蛋白、STAT家族等共同执行. (1)最主要的途径即Blimp-1途径. Blimp-1是抑制Tfh细胞分化最主要的转录因子, 其主要功能在于诱导CD8T细胞和非Tfh细胞的分化与增生, 主要是通过下调CXCP5, ICOS, PD-1表达水平进而多途径地拮抗BCL-6信号, 最终抑制Tfh细胞分化, 所以BCL-6/Blimp-1平衡是Tfh细胞分化方向的决定力量^[29-31]; (2)IL-2途径. IL-2具有抑制Tfh细胞分化的功能, 其主要是通过正性调控STAT5和Blimp-1表达在T细胞分化早期发生抑制作用^[32]; (3)Roquin蛋白途径. Roquin蛋白由Roquin-1(Rc3h1)和Roquin-2 (Rc3h2)两个功能互补的蛋白组成. 在高水平miRNA-101的表达情况下, Roquin蛋白抑制ICOS和OX40的mRNA表达, 导致ICOS和OX40蛋白磷酸化水平低下或失活, 下调BCL-6表达, 进而限制Tfh细胞分化^[33,34]; (4)FoxP1和FoxO1途径, 作为BCL-6信号的上游蛋白, FoxP1和FoxO1均直接抑制BCL-6信号和相关迁移基因的表达, 最终抑制Tfh细胞分化^[35,36]; (5)STAT家族. STAT分子是一类可对Tfh细胞分化实现双向调节的蛋白质分子, 尤其是STAT3, 一方面其可正性调控BCL-6和IL-21的高表达, 另一方面也可促进Blimp-1分子的强力表达, 而BCL-6和Blimp-1对Tfh细胞的分化恰恰正好相反, 提示STAT3可双向调控Tfh细胞分化, 而STAT5则只能单纯地抑制Tfh细胞分化^[37,38]; (6)其他负性调控信号, 如IL-7信号途径, IL-7信号可通过激活STAT5蛋白, 降低BCL-6的表达, 实现改变Tfh细胞分化方向的作用^[39].

4.4 BCL-6/Blimp-1信号表观遗传因素改变调控Tfh细胞分化 基因表达的可遗传性变化是免疫细胞的分化调控机制之一. 目前关于Tfh细胞分化的表观遗传学研究与BCL-6/Blimp-1信号相关的主要集中在组蛋白修饰和

microRNA (miRNA)方面的研究. 在组蛋白修饰方面, 目前已经知道与BCL-6能通过竞争同一个基因调控位点达到调控这一基因的表达, 如BCL-6能竞争通过CtBP、BAZF、MTA3等组蛋白与STAT结合, 从而使STAT分子失活, 从而促进Tfh细胞的分化^[21]. 然而也有研究中发现BCL-6基因表达受到具有促进基因表达的组蛋白修饰状态(如H3K4me3)的调控^[40]. 在miRNA方面, BCL-6可通过抑制Tfh细胞表面miRNA-17-92表达而活化CXCR5, 或者也可通过激活其表面的miRNA-182而促进Tfh细胞的扩增^[41,42].

5 干预BCL-6信号调控Tfh细胞分化可能是治疗炎症性肠病的有效靶点

BCL-6信号途径的重要分子如Blimp-1, IL-2, IL-6, FoxO1, STAT家族等, 在溃疡性结肠炎发病过程中扮演了重要角色. Kim及他的同事等, 采用Blimp-1^{cko}小鼠并用Dextran sodium sulfate (DSS) 诱导复制小鼠结肠炎模型, 发现Blimp-1^{cko}(Blimp-1^{-/-})小鼠Blimp-1表达水平明显下降的同时, 出现明显的急性炎症症状, 结肠长度缩短, 结肠组织损伤学评分和疾病活动指数明显升高, 伴见IL-1 β , IL-6, IL-17A和 IL-23等促炎因子水平升高, 提示Blimp-1水平低下是炎症性肠病的重要特征之一, 并在其发病过程中发挥了重要作用, 同时其采用anti-IL-1 β 等方法治疗时, 可显著升高Blimp-1, 降低促炎因子的水平并有效缓解了DSS结肠炎小鼠的结肠粘膜损伤^[43]. 而也Won等发现DSS诱导结肠炎小鼠FoxO1蛋白表达水平被明显抑制, 同时其FoxP3⁺Treg细胞水平明显下降, 提示在DSS诱导结肠炎中, FoxO1蛋白诱导的FoxP3⁺Treg细胞的抑制性功能被限制, 其免疫耐受水平被打破, 从而导致结肠炎的发生, 同时其采用Peroxiredoxin II进行治疗, 则发现可明显升高FoxO1蛋白, FoxP3⁺Treg细胞水平并实现了有效治疗实验性结肠炎的目的^[44]. BCL-6信号途径的其他重要分子在炎症性肠病中作用在此就不一一赘述. 上述不难推断, 调控BCL-6/Blimp-1信号途径可能是治疗炎症性肠病的有效治疗策略之一.

6 结论

Tfh细胞的分化与功能是近年来免疫学的研究热点之一, 作为影响其分化的主要途径, BCL-6信号也存在众多因素的干扰, 尤其是处在肠道粘膜中的Tfh细胞, 与肠道菌群及其代谢产物之间的关系, 与其他免疫细胞的互通与对话, 与粘膜屏障功能, 与粘膜局部体液免疫之间关联, 其自身的生长发育, 增殖与凋亡, 其信号通路活化与mRNA及ncRNA等之间的关系都还不是非常清楚, 其在IBD发病中的价值还有待于进一步挖掘. 值得可喜的

是, 研究已经明确干预BCL-6信号可以有效治疗IBD, 这为IBD的治疗提供了一个崭新的思路, 围绕着BCL-6蛋白为核心, 探索药物治疗IBD的作用靶点, 又为IBD的新药研发提供了参考.

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