

**EXPRESSION AND FUNCTION OF TOLL-LIKE
RECEPTORS IN LYMPHOCYTES FROM HUMAN
NEONATES**

PALLAVE DASARI BMEDSC(HONS)

Women's and Children's Health Research Institute

and

Department of Paediatrics and Child Health

School of Medicine

Faculty of Health Sciences

Flinders University of South Australia

A thesis submitted for the degree of

Doctor of Philosophy

February 2011

TABLE OF CONTENTS

SUMMARY.....	i
DECLARATION.....	iii
ACKNOWLEDGEMENTS.....	iv
PUBLICATIONS ARISING FROM THIS PROJECT.....	vii
ABBREVIATIONS.....	viii

CHAPTER ONE

Literature Review

1.1 INTRODUCTION	1
1.2 THE IMMUNE SYSTEM	1
1.2.1 Neonatal Susceptibility to Infectious Diseases	1
1.2.2 Barrier System.....	2
1.2.3 Innate Immune System	2
1.2.3.1 <i>Inflammatory Response</i>	2
1.2.3.2 <i>Complement</i>	4
1.2.4 Adaptive Immune System	5
1.2.4.1 <i>Cellular Response</i>	6
1.2.4.1.1 T lymphocyte Subsets and Function	6
1.2.4.1.2 Neonatal Cellular Response	10

1.2.4.2 <i>Antibody Response</i>	11
1.2.4.2.1 Subsets of B Lymphocytes.....	12
1.2.4.2.2 B Lymphocyte Function.....	16
1.2.4.2.3 Neonatal Antibody Response	21
1.2.5 Special Features of the Neonatal Immune System	22
1.2.5.1 <i>Passive Immunity of Neonates</i>	22
1.2.5.2 <i>Neonatal Immune System Maturation</i>	24
1.2.5.3 <i>Cord Blood</i>	26
1.3 TOLL-LIKE RECEPTORS	27
1.3.1 Pattern Recognition Receptors	27
1.3.2 Structure of TLR.....	29
1.3.3 Cell and Tissue Distribution	30
1.3.4 TLR Ligands.....	31
1.3.5 TLR Signalling	33
1.3.6 TLR Function	36
1.3.7 TLR and Lymphocytes.....	38
1.3.8 TLR and Neonatal Immune Response	39
1.3.9 TLR Ligands as Vaccine Adjuvants.....	41
1.4 PROJECT PLAN	43
1.4.1 Research Question.....	44
1.4.2 Research Hypotheses.....	45
1.4.3 Aims	45
1.4.4 Research Plan	45

CHAPTER TWO	
Materials and Methods	
2.1 MONOCLONAL ANTIBODIES AND	
IMMUNOFLUORESCENCE STAINING REAGENTS	47
2.2 BUFFERS AND SOLUTIONS	47
2.2.1 Phosphate Buffered Saline	47
2.2.2 Leucocyte Stain	50
2.2.3 FACS Permeabilisation Solution	50
2.2.4 Intracellular Skim Milk Block	50
2.2.5 2% Paraformaldehyde Fixative	51
2.2.6 RF10 Cell Culture Medium	51
2.2.7 Buffers and Reagents for ELISA Assays	51
2.2.7.1 ELISA Antibodies	52
2.2.7.2 ELISA Buffers.....	52
2.2.7.3 ELISA Substrate Solution.....	53
2.3 CRYOPRESERVATION	53
2.3.1 Storage	53
2.3.2 Thawing	54
2.4 PRODUCTION OF MONOCLONAL ANTIBODIES FROM	
HYBRIDOMA CELL LINES	54
2.5 PURIFICATION AND QUANTIFICATION OF MONOCLONAL	
ANTIBODIES	55

2.5.1 Antibody Purification	55
2.5.2 Quantification of IgG.....	56
2.6 SUBJECT GROUPS	56
2.7 EXTRACTION OF CELLS FROM TONSIL TISSUE.....	58
2.8 SEPARATION OF MONONUCLEAR LEUCOCYTES	58
2.9 REMOVAL OF NUCLEATED ERYTHROCYTES FROM CORD BLOOD MONONUCLEAR CELLS	59
2.10 STIMULATION OF T LYMPHOCYTES	61
2.11 STIMULATION OF B LYMPHOCYTES	63
2.12 SUBSETS OF B LYMPHOCYTES	66
2.13 IMMUNOFLUORESCENCE LABELLING FOR FLOW CYTOMETRY.....	67
2.13.1Extracellular Labelling	67
2.13.2Intracellular Labelling.....	69
2.13.3Indirect Immunofluorescence Labelling	71
2.13.4Flow Cytometry.....	71
2.13.5Analysis of Expression of TLR and Other Markers	72
2.13.6Statistical Analysis of Expression of TLR and Other Markers.....	73
2.14 ISOLATION OF B LYMPHOCYTES	75
2.15 TREATMENT OF B LYMPHOCYTES WITH TLR LIGANDS	79

2.16 PROLIFERATION ASSAY	81
2.17 ELISA FOR Ig, IgG AND IgM LEVELS IN CELL CULTURE SUPERNATANTS	82
2.18 CBA FOR HUMAN INFLAMMATORY CYTOKINES IN CELL CULTURE SUPERNATANT	83
2.19 STATISTICAL ANALYSIS.....	85

CHAPTER THREE

Expression of Toll-Like Receptors by T Lymphocytes from Adult Blood and Cord Blood

3.1 INTRODUCTION	86
3.2 RESULTS.....	88
 3.2.1 TLR Expression by T Lymphocytes	88
 3.2.1.1 TLR1	89
 3.2.1.2 TLR2	89
 3.2.1.3 TLR3	92
 3.2.1.4 TLR4	95
 3.2.1.5 TLR6	98
 3.2.1.6 TLR8	101
 3.2.1.7 TLR9	104
 3.3 DISCUSSION	110

CHAPTER FOUR

Expression of Toll-Like Receptors by B Lymphocytes from Adult Blood, Cord Blood and Tonsils

4.1 INTRODUCTION	116
4.2 RESULTS.....	118
 4.2.1 TLR Expression by B Lymphocytes	118
4.2.1.1 <i>TLR1</i>	119
4.2.1.2 <i>TLR2</i>	120
4.2.1.3 <i>TLR3</i>	125
4.2.1.4 <i>TLR4</i>	128
4.2.1.5 <i>TLR6</i>	128
4.2.1.6 <i>TLR8</i>	131
4.2.1.7 <i>TLR9</i>	134
 4.2.2 TLR Expression by B cell Subsets	137
4.2.2.1 <i>TLR Expression by Adult Blood B cell Subsets</i>	141
4.2.2.2 <i>TLR Expression by Cord Blood B cell Subsets</i>	141
4.2.2.3 <i>TLR Expression by Tonsil B cell Subsets</i>	144
4.3 DISCUSSION	149

CHAPTER FIVE

Responses of B Lymphocytes to Ligands of Toll-Like Receptors

5.1 INTRODUCTION	158
5.2 RESULTS.....	161
5.2.1 Proliferation of B Lymphocytes	162
5.2.2 Antibody Secretion by B Lymphocytes	162
5.2.2.1 Total Ig Levels.....	162
5.2.2.2 IgG Levels.....	164
5.2.2.3 IgM Levels	164
5.2.3 Cytokine Secretion by B Lymphocytes	167
5.2.3.1 IL-6 Levels	167
5.2.3.2 IL-8 Levels	169
5.2.4 Activation Markers of Tonsil B Lymphocytes	169
5.2.4.1 CD23.....	172
5.2.4.2 CD25.....	172
5.2.4.3 CD69.....	172
5.2.4.4 HLA-DR	172
5.2.5 Co-Stimulatory Molecules of Tonsil B Lymphocytes	172
5.2.5.1 CD40.....	174
5.2.5.2 CD80.....	174
5.2.5.3 CD86.....	174
5.2.6 Additional Markers of Tonsil B Lymphocytes	174
5.2.6.1 CD21.....	174
5.2.6.2 CD210.....	176
5.3 DISCUSSION	176

CHAPTER SIX

**Investigations into Extracellular Expression of TLR8 by
B Lymphocytes**

6.1 INTRODUCTION	185
6.2 MATERIALS AND METHODS	188
6.2.1 Monoclonal Antibodies and Immunofluorescence Staining	
Reagents	188
6.2.2 Immunofluorescence Labelling for Flow Cytometry	188
6.2.3 Spectrophotometric Analysis of CL075	189
6.2.4 Immunofluorescence Microscopy.....	190
6.3 RESULTS.....	191
6.3.1 Viability of B Lymphocytes.....	191
6.3.2 TLR8 Indirect Labelling of Lymphocytes	191
6.3.3 Competitive TLR8 Antibody Labelling	191
6.3.4 Immunofluorescence Microscopy of Leucocyte Culture with	
CL075	198
6.4 DISCUSSION	198

CHAPTER SEVEN

General Discussion

7.1 DISCUSSION	207
-----------------------------	------------

Appendix.....	217
Bibliography.....	218

SUMMARY

Neonates have high global rates of morbidity and mortality due to infectious diseases; this susceptibility is attributed to the immaturity of the neonatal immune response. The immune system of neonates, compared to adults, has reduced function in several aspects of immunity and lacks the long-term memory response.

Toll-like receptors (TLR) are a family of pattern recognition receptors which bind various microbial components and alert the immune system to invading pathogens. Comparing TLR expression and function in neonatal lymphocytes and adult lymphocytes may reveal how TLR influence these immune cells in early life. Due to the immaturity of their immune responses, neonates may be more reliant on TLR for protection against infection.

The extracellular and intracellular expression of TLR1, TLR2, TLR3, TLR4, TLR6, TLR8 and TLR9 was examined on non-stimulated and stimulated T lymphocytes and B lymphocytes from cord blood, adult peripheral blood and tonsils from human subjects. B lymphocytes were categorised into subsets to see if differentiation stage of B lymphocytes affects TLR expression. The responses of purified B lymphocytes, from neonates, adults and tonsils, to ligands of TLR3, TLR4, TLR8 and TLR9 were compared. The functions measured were proliferation, levels of total Ig, IgG and IgM, and levels of IL-6 and IL-8. Tonsil B lymphocytes were tested for expression of activation markers (CD23, CD25, CD69 and HLA-DR), co-stimulatory molecules (CD40, CD80 and CD86), and CD21 and CD210.

The TLR expression patterns by T lymphocytes and B lymphocytes were similar between neonates and adults, and stimulation of lymphocytes had little effect on TLR expression. T lymphocytes from neonates and adults expressed TLR2, TLR3, TLR4, TLR8 and TLR9. B lymphocytes from neonates and adults expressed TLR1, TLR3, TLR4, TLR8 and TLR9. B lymphocytes from tonsils expressed TLR3, TLR4, TLR8 and TLR9. Cellular location of TLR was mostly consistent with the literature, except for detection of TLR4 in permeabilised cells and TLR8 on non-permeabilised cells. CpG ODN, TLR9 ligand, induced strong proliferation, secretion of total Ig, IgG, IgM and IL-6 from B lymphocytes from neonates, adults and tonsils. Adult B lymphocytes produced higher levels of total Ig, IgM and IL-6 in response to the other TLR ligands compared to neonatal and tonsil B lymphocytes. IL-8 levels were unaffected by TLR ligands in neonates, adults and tonsils.

Neonatal lymphocytes have adult-like capacity to “innately” recognise foreign pathogens. Neonatal B lymphocytes have reduced responses to TLR ligands compared to adult B lymphocytes. However, neonatal B lymphocytes respond to TLR ligands, especially CpG ODN, with increased functions. TLR agonists, particularly CpG ODN, are potentially strong candidates for future research in neonatal vaccinology.

DECLARATION

I certify that this thesis does not incorporate without acknowledgement any material previously submitted for a degree or diploma in any university and that to the best of my knowledge and belief it does not contain any material previously published or written by another person except where due reference is made in the text.

Pallave Dasari

February 2011

ACKNOWLEDGEMENTS

I wish to thank Flinders University of South Australia for awarding the Flinders University Research Scholarship for my PhD and I am grateful to the Faculty of Health Sciences and Flinders University Library for all their support.

I would like to thank my supervisors, Professor Heddy Zola and Dr Ian Nicholson, for their invaluable advice and support throughout this project, from its inception through to its progress and completion. I am deeply grateful for their encouragement and support for the various endeavours I was fortunate to experience during my PhD. Their guidance and patience over the years have allowed me to immeasurably develop my abilities as a research scientist from the novice that I was. I wish to thank Heddy Zola especially for all his time, effort and patience during the trials associated with this project.

Dr Doreen Krumbiegel, Dr Randall Grose, Christos Mavranelos, Debbie Millard, Daniel Bird, Dr Alice Beare and Naomi Knoblauch of Leucocyte Biology, Women's and Children's Health Research Institute (WCHRI) deserve an enormous thanks for all the help they provided through my project. In particular, I would like to express my gratitude to Doreen Krumbiegel for the onerous duty she had of reading through the drafts of my thesis.

I also wish to thank all the past and present staff and students at WCHRI, especially the PhD students, for their assistance and support throughout my studies. I am particularly grateful to the past and present PhD students for their empathy, support

and friendship during the difficult phases of my studies. The presence of everyone at WCHRI made it an enjoyable place to be.

I am grateful to Dr Greg Hodge, Dr Judi Nairn and Lyn Morelli from Dept of Haematology, Women's and Children's Hospital (WCH), for their advice on flow cytometry and ELISA. I also wish to thank Dr Peter MacArdle of Flinders University for advice on cell activation protocols, Dr Hilary Warren of Australian National University for advice on cell purification, Dr Ashley Mansell of Monash Institute of Medical Research for advice on TLR ligands and staff at WCH Dept of Immunopathology for assistance with the proliferation assays. I am thankful to Dr Sally Plush of University of South Australia for her advice and assistance with the spectrophotometric studies. I wish to thank Dr Richard Woodman of Flinders University for his guidance and assistance on biostatistics. I am deeply grateful to Andrew Chittleborough of Jomar Bioscience for all his assistance with tracking down the numerous antibodies and other reagents over the years. I wish to thank Prof Kevin Forsyth of Flinders University for his advice on my project.

A deep thank you is offered to the numerous volunteers and staff that have facilitated samples for this project. I am grateful to WCHRI staff and students for the numerous blood donations over the year and WCH Phlebotomy staff for their patience for the endless collections. I am very grateful to the staff of WCH Delivery Suite for collecting cord blood and the mothers that kindly participated in this study. I also wish to thank the parents and children who donated tonsils and to the staff of WCH Ear, Nose and Throat Department for tonsil collections. I thank the Australian Red Cross for providing buffy coats for this project.

Lastly, I want to thank my family and friends for all their support and encouragement. Thank you to my friends for encouraging me and being patient with me over the years. Of course, I owe an enormous debt of gratitude to my parents, Niranjan and Usha Dasari, and brother, Snehal Dasari. Unfortunately they were passengers on the emotional rollercoaster I was on during the years and I thank them for their patience, encouragement and help. I could not have persisted with and completed my studies without them.

PUBLICATIONS ARISING FROM THIS PROJECT

(See Appendix)

PAPER FROM PRELIMINARY STUDY PRECEDING PHD STUDY

Dasari P, Nicholson IC, Hodge G, Dandie GW, Zola H. Expression of Toll-like receptors on B lymphocytes. *Cell Immunol* 2005;236(1-2):140-45.

PAPERS ARISING FROM PHD STUDY

Dasari P, Zola H, Nicholson IC. Expression of Toll-like receptors by neonatal leukocytes. *Pediatr Allergy Immunol* 2010 (in press)

Dasari P, Nicholson IC, Zola H. Toll-like receptors. *J Biol Reg Homeost Agents* 2008;22(1):17-26.

ABBREVIATIONS

7AAD:	7-amino-actinomycin
AF647:	Alexa Fluor® 647
AP-1:	Activating protein-1
APC:	Antigen-presenting cells
B1 cells:	CD5 ⁺ B lymphocytes
BCR:	B cell receptor
BSA:	Bovine Serum Albumin
CBA:	Cytometric Bead Array
CD:	Clusters of differentiation
CL075:	A thiazoloquinolone compound – 3M002
CLR:	C-type lectin receptors
CpG ODN:	Oligodeoxynucleotides with unmethylated CpG dinucleotides
CRP:	C-reactive protein
DAPI:	4',6-diamidino-2-phenylindole
DC:	Dendritic cell
DDA-PE:	PE-conjugated anti-mouse Ig F(ab) ₂
EC:	Extracellular
ELISA:	Enzyme-linked immunosorbent assay
ERK1:	Extracellular regulated kinase 1
Fab:	antibody fragment of single antigen-binding region
F(ab) ₂ :	antibody fragment of both antigen-binding regions
FBS:	Foetal bovine serum
Fc:	crystallisable antibody fragment with no antigen-binding region

FITC:	Fluorescein isothiocyanate
FSC:	Forward scatter
GC:	Germinal centre
HLA-DR:	Human leucocyte antigen DR-1
HLDA:	Human leucocyte differentiation antigen
HRP:	Horseradish peroxidase
H _α MBi:	Biotinylated horse anti-mouse IgG antibody
IC:	Intracellular
IF:	Immunofluorescence
IFN:	Interferon
Ig:	Immunoglobulin
IgA:	Immunoglobulin with α heavy chains
IgD:	Immunoglobulin with δ heavy chains
IgE:	Immunoglobulin with ϵ heavy chains
IgG:	Immunoglobulin with γ heavy chains
IgM:	Immunoglobulin with μ heavy chains
IHC:	Immunohistochemistry
IL:	Interleukin
IRF:	Interferon-regulatory factor
LPS:	Lipopolysaccharide
LRR:	Leucine-rich repeats
LTA:	Lipotechoic acid
mAb:	Monoclonal antibody
MBL:	Mannan-binding lectin
MFI:	Median fluorescence intensity
MHC:	Major histocompatibility complex

mRNA:	messenger ribonucleic acid
MyD88:	Myeloid differentiation primary-response protein 88
NAIP:	Neuronal apoptosis inhibitor proteins
NALP:	NACHT-LRR-PYD containing proteins
NF-κB:	Nuclear factor-kappaB
NK:	Natural killer
NLR:	Nod-like receptor, NACHT proteins or NAIP receptors
NOD:	Nucleotide-binding oligomerisation domain
N-S:	Non-Stimulated
OPD:	o-phenylenediamine dihydrochloride
p38-MAPK:	p38 Mitogen-activated protein kinase
PAMP:	Pathogen-associated molecular patterns
PBS/Azide:	PBS/0.02% Sodium azide
PBS:	Phosphate buffered saline
PCR:	Polymerase chain reaction
PE:	Phyco-erythrin
PerCP-Cy5.5:	Peridinin chlorophyll protein cyanine 5.5
PFA:	Paraformaldehyde
PolyI:C:	Polyinosinic-polycytidylic acid sodium salt
PRR:	Pathogen recognition receptors
RF10:	RF10 cell culture media
RNA:	Ribonucleic acid
RT-PCR:	Reverse transcriptase polymerase chain reaction
SA:	Streptavidin
SAP:	Serum amyloid protein
SSC:	Side scatter

T_C cell:	Cytotoxic T cell
TCR:	T cell receptor
T-D:	T cell-dependent response
T_H cell:	T helper cell
T_H1 :	T helper cells type 1
T_H2 :	T helper cells type 2
T-I:	T cell-independent response
T-I1:	T cell-independent type 1 response
T-I2:	T cell-independent type 2 response
TIR:	Toll/IL-1R
TIRAP:	TIR domain-containing adaptor protein
TLR:	Toll-like receptors
TNF:	Tumour necrosis factor
T_R cell:	Regulatory T cell
TRAM:	TRIF-related adaptor protein
TRIF:	TIR domain-containing adaptor protein inducing IFN- β
UV:	Ultraviolet
V_H region:	Variable region of antibody heavy chains
V_L region:	Variable region of antibody light chains
WCH:	Women's and Children's Hospital